2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P9300061911 May 22, 2000 8:00 am Secretary of State R & M DEVELOPMENT CORP. 05-22-2000 90061 024 ***150.00 Principal Place of Business Mailing Address 3003 GREENE ST 3003 GREENE ST HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-1038 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0447043 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRIEGER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4140 S.W. 28+n WAY FORT LANDERDALE, FL 38312 3003-GREENE ST HOLLYWOOD FL 33020-8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PSTD TITLE TITLE ☐ Delete KRIEGER, MICHAEL NAME TORT LAUDERDALE, FLA 33312 STREET ADDRESS STREET ADDRESS 3003 GREENE ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL-33020 TITLE ☐ Delete TITLE KRIEGER, RICHARD NAME NAME TORT LAUDER DALE, FLA STREET ADDRESS STREET ADDRESS 3003 GREENE ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE ☐ Delete TITLE NAME CAMPBELL, JANICE NAME 4140 S.W. 28th WA STREET ADDRESS STREET ADDRESS 3003-GREENE-ST CITY-ST-ZIP FORT LAUDERDALE CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.