2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

Jan 29, 2001 8:00 am DOCUMENT # P94000058796 **Secretary of State** 1. Entity Name RAD VEST, INC. 01-29-2001 90026 040 ***150.00 Principal Place of Business Mailing Address 980 N. FEDERAL HWY 980 N. FEDERAL HWY SUITE 302 SUITE 302 **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0521626 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Daniel M. Landis TEDESCO, ROY S Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL HWY 980 N. Federal Highway, Suite 302 SUITE 302 **BOCA RATON FL 33432** Zip Code 33432 City Boca Raton 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, SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See critéria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Change ■ Addition TEDESCO, ROY S NAME NAME STREET ADDRESS STREET ADDRESS 980 N FEDERAL HWY STE 302 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Delete Change ■ Addition TITI F TITLE NAME NAME LANDIS, DANIEL M STREET ADDRESS STREET ADDRESS 980 N FEDERAL HWY STE 302 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.