

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070147

1. Entity Name
RHYC DEVELOPMENT COMPANY

Principal Place of Business
1492 SOUTH MIAMI AVE., STE 200
MIAMI FL 33130

Mailing Address
1492 SOUTH MIAMI AVE., STE 200
MIAMI FL 33130

2. Principal Place of Business
1320 S. DIXIE HWY
Suite, Apt. #, etc.
811
City & State
Miami, FL
Zip
33146
Country
USA

3. Mailing Address
1320 S. DIXIE HWY
Suite, Apt. #, etc.
811
City & State
Miami, FL
Zip
33146
Country
USA

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90046 024 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0536065
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARBONNET, LOYS III
1492 SOUTH MIAMI AVE., STE 200
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name
Loys CHARBONNET, III
Street Address (P.O. Box Number is Not Acceptable)
50 Stame Pearson, Suite 811
1320 S. DIXIE Highway
City
Miami FL 33146
Zip Code

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 Loys CHARBONNET, III DATE 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CHARBONNET, LOYS III 1492 SOUTH MIAMI AVENUE., STE 200 MIAMI FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Assistant Secy ROUSE TOM 1492 SOUTH MIAMI AVE., STE 200 MIAMI FL 33130	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Loys CHARBONNET, III DATE 4/30/01 305.858.1100
Signature and typed or printed name of signing officer or director

0148216

CR2E034 (10/00)