2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY -1 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088631

1. Entity Name

R & F REAL ESTATE HOLDINGS, INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI FL 33156	9350 SOUTH DIXIE HIGHWAY SUITE 1500 MIAMI FL 33156

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0837851 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEGREDO, FRANK J
9350 SOUTH DIXIE HIGHWAY
SUITE 1500
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: FRANK J. SEGREDO, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 9350 SOUTH DIXIE HIGHWAY
SUITE 1500
City: MIAMI FL Zip Code: 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature required when reinstating. (NOTE: Registered Agent signature required when reinstating)

FILING FEE: $150.00
REINSTATEMENT FEE: $100.00
CERTIFIED COPY: $30.00
CERTIFICATE OF STATUS: $8.75

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROSENTHAL, EDWIN M. 600 NE 38 STREET, PH2 MIAMI, FL. 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200017826122 05/01/03--01052--001 **3300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT RAMOS, HECTOR 600 NE 38 STREET, PH2 MIAMI, FL. 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROSENTHAL, NORMA 600 NE 38 STREET, PH2 MIAMI, FL. 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JJ 5/2