AMENDED UBR

PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 14 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000016058

1. Entity Name

C S RANDOLPH INCORPORATED

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2174 NE 170TH STREET	2174 NE 170TH STREET
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State: NORTH MIAMI BEACH, FL	City & State: NORTH MIAMI BEACH, FL
Zip: 33162 Country: USA	Zip: 33162 Country: USA

4. FEI Number: 650649974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CRAIG S. RANDOLPH

Street Address (P.O. Box Number is Not Acceptable): 2174 NE 170TH STREET, SUITE 201

City: NORTH MIAMI BEACH, FL Zip Code: 33162

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: CRAIG S. RANDOLPH Craig S. Randolph 11-7-02
Signature, typed or printed name of registered agent and title if applicable. (Must be Registered Agent signature if required when reinstating.) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
✓ Amended UBR is $61.25
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	PRESIDENT CRAIG S. RANDOLPH 2174 NE 170TH ST, STE. 201 N. MIAMI BCH., FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT CRAIG S. RANDOLPH S.A.A. (SAME AS ABOVE)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CRAIG S. RANDOLPH S.A.A.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CRAIG S. RANDOLPH S.A.A.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CRAIG S. RANDOLPH S.A.A.
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Craig S. Randolph CRAIG S. RANDOLPH 11-7-02 (305)948-6552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #