## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 05, 2000 8:00 am Secretary of State DOCUMENT # **P96000026479** 1. Entity Name RMT - INVEST CO., INC. 04-05-2000 90104 008 \*\*\*150.00 Principal Place of Business Mailing Address 110 HALF MOON CIR 110 HALF MOON CIR STE A3 HYPOLUXO FL 33462 LANTANA FL 33460-4841 US 2. Principal Place of Business 3. Mailing Address Bli South Street BII South Streen Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0653183 Worth Worth Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ionen KOLJONEN. REINO K Street Address (P.O. Box Number is Not Acceptable) 110-A3 HALF MOON CIR LANTANA FL 33462 purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this state Signature, typed (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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D Delete TITLE ☐ Change Addition CR2E034 (9/99 TITLE KOLJONEN, REINO NAME NAME STREET ADDRESS 110 HALF MOON CIR STE A3 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Lantana Fl Addition ☐ Change ☐ Delete TITLE KOLJONEN REINO NAME STREET ADDRESS 811 South G Street STREET ADDRESS Lake Worth , FL CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling opes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561)493-0950

Daytime Phone

Date