

2001 UNIFORM BUSINESS REPORT (UBR)

3/19/

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-19-2001 90482 019 ***150.00

DOCUMENT # P96000049745

1. Entity Name
RYLEE ENTERPRISES, INC.

Principal Place of Business 10460 S.W. 20TH STREET DAVIE FL 33324	Mailing Address 10460 S.W. 20TH STREET DAVIE FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0686768		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BARDFELD, J.D. SKIP 428 N.E. 3RD AVENUE FORT LAUDERDALE FL 33301				Name <u>Steve Singer</u>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<u>88 NE 168 ST</u>			
				City <u>N. Miami Bch</u>		FL	

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 STEVE SINGER [Signature] 4/2/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYSER, LESLI		NAME		
STREET ADDRESS	10460 S.W. 20TH STREET		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYSER, ROBERT S		NAME		
STREET ADDRESS	10460 S.W. 20TH STREET		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33324		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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] R.S. Heyser v.p 3-15-01 954-298-5571
Signature and typed or printed name of signing officer or director Date Fax/Daytime Phone #

CR2E034 (10/00)