

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000054360**

1. Entity Name

R.S.T. MANAGEMENT, INC.**FILED****May 22, 2000 8:00 am**
Secretary of State

05-22-2000 90042 040 ***150.00

Principal Place of Business

Mailing Address

**2500 HOLLYWOOD BOULEVARD
SUITE 212
HOLLYWOOD FL 33020****2500 HOLLYWOOD BOULEVARD
SUITE 212
HOLLYWOOD FL 33020-6615**

2. Principal Place of Business

3. Mailing Address

2237 N. Commerce Parkway**2237 N. Commerce Parkway**

Suite, Apt. #, etc.

Suite #3

Suite, Apt. #, etc.

Suite #3

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0684779

Applied For

Not Applicable

Zip

33326

Country

US

Zip

33326

Country

US5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MANELLA, ROSS H ESQ
2500 HOLLYWOOD BOULEVARD
SUITE 212
HOLLYWOOD FL 33020**Name **MANELLA, ROSS H. ESQ.**Street Address (P.O. Box Number is Not Acceptable)
2237 N. Commerce Parkway**Suite #3**City **Weston****FL**Zip Code
33326

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

Signature, typed or printed name of registered agent and title if applicable.

Ross Manella 4/30/00

(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.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
PIERSON, RANDY
2500 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2237 N. Commerce Parkway Suite #3
Weston, FL 33326** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY PIERSON**4/30/00 (954) 385-3637**

Date

Daytime Phone #