

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91781 043 \*\*\*150.00

0326692 AV

**DOCUMENT # P96000054684**

1. Entity Name  
**RCR INVESTMENTS, INC.**



Principal Place of Business <del>450 EAST LAS OLAS BLVD</del> <del>SUITE 1500</del> <del>FT LAUDERDALE FL 33301</del> US	Mailing Address <del>450 EAST LAS OLAS BLVD</del> <del>SUITE 1500</del> <del>FT LAUDERDALE FL 33301</del> US
--	--



2. Principal Place of Business 1877 So. Federal Hwy. Suite, Apt. #, etc. Suite 210 City & State Boca Raton, FL	3. Mailing Address 1877 So. Federal Hwy. Suite, Apt. #, etc. Suite 210 City & State Boca Raton, FL
---	---

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0677031</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**AMERICAN INFORMATION SERVICES, INC.**  
**ONE S.E. THIRD AVE.**  
**27TH FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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: *Paul M. Lawless* DATE: **4/30/03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ROCHON, RICHARD C 450 EAST LAS OLAS BLVD., 15 FLOOR FT. LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT BRANDEN, CRIS V 450 EAST LAS OLAS BLVD., 15 FLOOR FT. LAUDERDALE FL 33301</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS LAWLESS, PAUL M 1877 S FEDERAL HWY 2ND FLOOR BOCA RATON FL 33432</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Rochon, Richard C. 1877 So. Federal Hwy. #210 Boca Raton, FL 33432</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT Branden, Cris V. 1877 So. Federal Hwy. #210 Boca Raton, FL 33432</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS Lawless, Paul M. 1877 S. Federal Hwy. #210 Boca Raton, FL 33432</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul M. Lawless* DATE: **4/30/03** DAYTIME PHONE: **561-361-8140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **PAUL M LAWLESS**

CR2E034 (10/02)