

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90043 011 \*\*\*158.75

0133761

**DOCUMENT # P96000074151**

1. Entity Name

**RHINOCEROS INVESTMENTS OF THE UNITED STATES OF A**

Principal Place of Business

6043 KIMBERLY BLVD  
 STE H  
 N LAUDERDALE FL 33068  
 US

Mailing Address

6043 KIMBERLY BLVD  
 STE H  
 N LAUDERDALE FL 33068  
 US

**715590**

2. Principal Place of Business

6041 KIMBERLY BLVD  
 Suite, Apt. #, etc.  
 STE F

3. Mailing Address

6041 KIMBERLY BLVD  
 Suite, Apt. #, etc.  
 STE F

City & State

NORTH LAUDERDALE FL

City & State

NORTH LAUDERDALE FL

Zip

33068

Country

US

Zip

33068

Country

U.S.

4. FEI Number

65-0775974

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONNA B HANGLER  
 346 S STATE RD 7  
 MARGATE FL 33068

7. Name and Address of New Registered Agent

Name  
 DONNA B HANGLER  
 Street Address (P.O. Box Number is Not Acceptable)  
 6090 STATE RD 7  
 City  
 MARGATE FL Zip Code  
 33068

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.

(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, 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 P  
 ARMAS, RODMAN J  
 820 S.W. 67TH AVE.  
 N. LAUDERDALE FL 33068 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 LUEBBERS, JASON D  
 10620 W. SAMPLE RD  
 CORAL SPRINGS FL 33065 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 OPLESCH, ERIC  
 1509 3RD ST  
 POMPANO BCH FL 33060 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 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

Date

Daytime Phone #

CR2E034 (10/00)