## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # **P96000088950** 1. Entity Name RHYTON CORPORATION 01-23-2001 90015 014 \*\*\*150.00 Principal Place of Business Mailing Address 10917 NW 9TH CT 10917 NW 9TH CT PLANTATION FL 33324 PLANTATION FL 33324 900887 2. Principal Place of Business 965 N. Nob Hill Rd. 3. Mailing Address P.O. Box 15010 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -City & State for f Canderdale, City & State Landerdale 4. FEI Number Applied For 65-0914835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PYE, THOMAS G ESQ. Street Address (P.O. Box Number is Not Acceptable) 2787 E. OAKLAND PK. BLVD. SUITE 301 FT. LAUDERDALE FL 33306 Zip Code 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE □ Delete ☐ Addition P.O. Box 15010 Fort Landerdale R NAME RUSSO, ANTHONY NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33318 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DITE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ 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)(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 secure 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.

D NAME OF SIGNING OFFICER OR DIRECTOR