

DOCUMENT # P97000010145  
1. Entity Name  
RND 92, INC.

FILED  
Jan 10, 2001 8:00 am  
Secretary of State

01-10-2001 90002 022 \*\*\*158.75

Principal Place of Business      Mailing Address  
4700 N.W. 132ND STREET      4700 N.W. 132ND STREET  
MIAMI FL 33054      MIAMI FL 33054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      65-0738024      Applied For  
Not Applicable  
5. Certificate of Status Desired      ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LERMAN, CARLOS D ESQUIRE  
100 SE 2ND STREET  
SUITE 2620  
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.  
SIGNATURE DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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      PD      ☐ Delete  
NAME      WHITEBOOK, DANIEL S  
STREET ADDRESS      4700 N.W. 132ND STREET  
CITY-ST-ZIP      MIAMI FL 33054  
TITLE      STD      ☐ Delete  
NAME      KLODA, RUBEN  
STREET ADDRESS      4700 NW 132ND STREET  
CITY-ST-ZIP      MIAMI FL 33054  
TITLE      D      ☐ Delete  
NAME      GOTTLIEB, MEIL  
STREET ADDRESS      4700 NW 132ND STREET  
CITY-ST-ZIP      MIAMI FL 33054  
TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☒ Change      ☐ Addition  
NAME      GOTTLIEB, NEIL  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
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 reports 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 information.  
SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE      1/3/01      Daytime Phone #      305-685-7617  
DANIEL WHITEBOOK

CR2E034 (10/00)