## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P97000025836 1. Entity Name R.W.B., INC. 04-16-2001 90251 025 \*\*\*150.00 Principal Place of Business Mailing Address 2530 W. COMMERCIAL BLVD 2530 W COMMERCIAL BLVD SUITE B SUITE B TAMARAC FL 33309 TAMARAC FL 33309 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0740201 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME BONNOT, RUSSELL Street Address (P.O. Box Number is Not Acceptable) 1306 BREEBURN NORTH LAUDERDALE FL 33068 Sunaise 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. DONNO SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE BONNOT, RUSSELL NAME 10980 N.W. 21 St STREET ADDRESS STREET ADDRESS 11295 W. ATLANTIC BLVD. #308 SUNRISE, Fl. 33312 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Addition TITLE ☐ Change Delete TITLE **BONNOT. DOUG** NAME NAME 7474 NW 48 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME... NAME --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

D