2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P97000030282 R. I. WILLIAMS AND ASSOCIATES, INC. 02-01-2001 90125 029 ***150.00 Principal Place of Business Mailind Address 4410 NW 67TH TERRACE 4410 NW 67TH TERRACE LAUDERHILL FL 33319 LAUDERHILL FL 33319 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 22-2394822 Not Applicable 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 Name BENSON, HAYWARD J JR Street Address (P.O. Box Number is Not Acceptable) 4410 NW 67TH TERRACE LAUDERHILL FL 33319 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 11. 12. TITLE TITLE ☐ Delete WILLIAMS, ROBERT I NAME STREET ADDRESS 10 W GLENSIDE AVE #203 STREET ADDRESS CITY-ST-ZIP PA. 19428 CITY-ST-ZIP GLENSIDE PA 19038 ☐ Delete TITLE TITLE NAME NAME Williams, Belinda 1 STATION AVE PA. 19428 STREET ADDRESS STREET ADDRESS 10 W GLENSIDE AVE #203-CITY-ST-ZIP CITY-ST-ZIP **GLENSIDE PA 19038** TITLE ☐ Delete TITLE BENSON, HAYWARD J JR NAME NAME STREET ADDRESS STREET ADDRESS 4410 NW 67TH TERRACE CITY-ST-7IP CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Addition Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

mation supplied with this ling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information pplemental 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 inverse employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the true and dress with all other like employered.

SIGNATURE:

13. I hereby certify that the info of the corporation or the rece changed, or on an attachnie

with an address

27 JAN 01 954.749.4546