FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 06, 2003 8:00 am Secretary of State 03-06-2003 90139 034 ***150.00

DOCUMENT # P97000039306 1. Entity Name R.J. World Consultants Mc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Pl	ace of Business IS LAND BIV	3. Mailing Address	PAME		
Suite, Apt.		Suite, Apt. #. etc.			DO NOT WRITE IN THIS SPACE
AVENT	<u> </u>	City & State			4. FEI Number 65-6764984 Applied For Not Applicable
Zip 33160 -	Country	Zip	Country		5. Certificate of Status Desired . \$8.75 Additional Fee Required
			The state of the s		7. Name and Address of Current Registered Agent
SAMPLES CO.	DO NOT	WEITE	Name		mes Miller
			Street Ad	dress (F	P.O. Box Number is Not Acceptable)
	IN THIS	SPACE問題	40	40	SHERIDAN ST
			City L	1/y	WOOD FL Zio Code 3302/
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent algorithms are equired when reinstating) DATE					
	iuary 1. May 1 Fee is \$150 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Departi				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	A COLUMN TO THE RESIDENCE AND A CASE AND A CASE AND ASSESSMENT	S AND DIRECTORS	USAME POS		CONTROL OF THE SECTION OF THE PROPERTY OF THE
TITLE NAME	· ·		NAME STATES		
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CITY-ST-ZIP			CITY-ST-ZP.		
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TITLE . "NAME"			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP	i ye. Tanan ya ka <u>wa wasan ka mana</u>	·	STREET ADDRESS	ajri.	- DO NOT WRITE
TITLE	:		TITLE	#6.6994 14.1990	Company of the Compan
NAME	sw4J		NAME :		IN THIS SPACE:
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS (CITY ST-ZIP		
TITLE			TITLE TO SEE	lojinės Danies	
NAME			NAME	774 V	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City : St - Zip : 10-		
TITLE			MILE 1925		
NAME			NAME 221		
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS City-St-Zip		
12. 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 10 or on an.					
or the cor	rporation or the receiver or trus	tee empowered to execute this rep	out as required by Cl	apter 6	our, monda Statutes; and that my name appears in block to or on an.