FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am Secretary of State P97000054806 DOCUMENT # 1. Entity Name 02-07-2002 90003 010 ***150.00 RESOURCE ONE BENEFITS CORPORATION Principal Place of Business Mailing Address 2151 W HILLSBORO BLVD 2151 W HILLSBORO BLVD STF 301 STE 301 **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442 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 65-0762957 Not Applicable Zip Country Zip 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 AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (9/01) Change ☐ Addition PTD Delete TITLE TITLE RHYMES, ROGER R ZISI W. Hillsboro Blvd. Suite 301 STREET ADDRES 10 FAIRWAY DR. STE 303 STREIN ADDRESS Deerfield Beach, FL 33442 **DEERFIELD BEACH FL 33441** CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE VSD NAME SCHWARTZ, JULIE A NAME 2151 W. Hillsbord Blvd. Suite 301 TREET ADDRESS STREET ADDRESS 10-FAIRWAY DR, STE-303 Deerheld Beach, FL 33442 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Change ☐ Addition ☐ Delete TITLE 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 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F 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)(1), 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

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