2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 30, 2001 8:00 am DOCUMENT # P97000059046 **Secretary of State** REAL ASSETS DEVELOPMENT INTERNATIONAL, INC. 01-30-2001 90212 023 \*\*\*150.00 Principal Place of Business Mailing Address 164 SARATOGA BLVD. WEST 164 SARATOGA BLVD W ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business Mailing Address Suite, Apt. # etc Suite, Apt. # etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0766524 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAUSER, JEAN-DAVID Street Address (P.O. Box Number is Not Acceptable) 164 SARATOGA BLVD., WEST ROYAL PALM BEACH FL 33411 City 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. Jean - David SAUSER, /14/01 Pic si closet SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 peration 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) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP Change TITLE ☐ Defete TITLE NAME SAUSER, JEAN DAVID NAME STREET ADDRESS STREET ADDRESS 1975 EAST SUNRISE BLVD, 5TH FLOOR CiTY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 att wher like empower Jorn-Deved SAUSER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR