2001 UNIFORM BUSINESS REPORT (UBR)

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P97000061553

FILED Sep 19, 2001 8:00 am Secretary of State RFC CAPITAL MANAGEMENT, INC. 05-19-2001 90275 019 ***150.00 Principal Place of Business Mailing Address 1685 CHAPLENE COURT 1685 CHAPLENE COURT DUNEDIN FL 34698 DUNEDIN FL 34698 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3457241 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHEAIB, MOHANA Street Address (P.O. Box Number is Not Acceptable) **1685 CHAPLENE COURT DUNEDIN FL 34698** City Zip Code 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) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (5/01) ☐ Addition PSTD TITLE ☐ Change TITLE ☐ Delete CHEAIB, MOHANA NAME NAME 1685 CHAPLENE COURT STREET ADDRESS STREET ADDRESS DUNEDIN FL 34698 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 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 all other like empowered.

RFC Capital Management, Inc.

1685 Chaplene Court

September 11, 2001

Florida Department of State Division of Corporations **UBR** Filings P.O. Box 1500 Tallahassee, FL 32302-1500:

RE: Document # P97000061553

To whom it may concern:

Recently I received a notice regarding an outstanding filing on my Uniform Business Report. After calling your office today, I was informed that our filing on April 28,2001 (attached) and the check in the amount of \$150.00 was processed and then the application was not accepted due to a mistake.

We did not receive any noticed from your office stating the application needed to be corrected. There are no mistakes on this new application received. Please accept this letter as a written explanation and realize that no additional-monies should to be sent.

Sincerely,

Capital Management, Inc

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SIGNATURE:

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