2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700069525 Aug 02, 2000 8:00 am Secretary of State 1. Entity Name RFR GROUP, INC. 08-02-2000 90123 049 ***150.00 Principal Place of Business Mailing Address 2121 W OAKLAND PARK BLVD #6 2121 W OAKLAND PARK BLVD #6 FT LAUDERDALE FL 33331 FT LAUDERDALE FL 33331 3. Mailing Address 2. Principal Place of Business OAKLAND PICBLUE 2901 W. 2901 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE H-9 Applied For City & State City & State 4. FEI Number 65-0779047 Not Applicable Žip 333 11 Country ^{Zip}333/) Country **\$8.75** Additional 5. Certificate of Status Desired 454 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLIEN GALLIEN, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 2121 W OAKLAND PARK BLVD #6 FT LAUDERDALE FL 33331 Zip Code 3331 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or print ame of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. 11. Change Addition ☐ Delete TITLE **GALLIEN, DOUGLAS** NAME NAME STREET ADDRESS 2121 W OAKLAND PARK BLVD #6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33331 ☐ Addition ☐ Delete Change TITLE NAME GALLIEN, DANIEL NAME STREET ADDRESS STREET ADDRESS 2121 W OAKLAND PARK BLVD #6 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33331 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ Delete 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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUCCESSION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

154-731-3202





Hachments 04-19704069575 0015652

Leasing & Sales

July 17, 2000

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed four (4) separate Corporate Filings along with a check for \$150.00 for each filing. I called your office today to inform that we never received the original filing for any of the corporations. I was told to write a letter indicating this and send the original filing fee of \$150.00.

If there is anything further I need to do, please contact me.

Thank you.

Sincerely,

Vivian Trebbien

Corporate Administrator