

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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90156 038 \*\*\*150.00

DOCUMENT # P97000069525

1. Entity Name

RFR GROUP, INC.



**DO NOT WRITE IN THIS SPACE**

10065063

2. Principal Place of Business  
2901 W. Oakland Park Blvd.

3. Mailing Address  
2901 W. Oakland Park Blvd.

Suite, Apt. #, etc.  
#A-9

Suite, Apt. #, etc.  
#A-9

City & State  
Fort Lauderdale, FL

City & State  
Fort Lauderdale, FL

4. FEI Number  
65-0779047

Applied For  
Not Applicable

Zip Country  
33311 USA

Zip Country  
33311 USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Douglas Gallien

Street Address (P.O. Box Number is Not Acceptable)

2121 W. Oakland Park Blvd., #11

City Fort Lauderdale, FL Zip Code  
33311

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]*  
Signature, typed or printed name of registered agent and title if applicable.

*Douglas Gallien*  
(NOTE: Registered Agent signature required when reinstating)

4-7-03  
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME Douglas Gallien  
STREET ADDRESS 2121 W. Oakland Park Blvd., #11  
CITY-ST-ZIP Fort Lauderdale, FL 33311

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Douglas Gallien*

Date

4-7-03  
Daytime Phone #

CR2E034B (12/02)