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2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17, 2001 8:00 am Secretary of State DOCUMENT # P97000071854 R & G GROUP INTERNATIONAL, INC. Principal Place of Business Mailing Address 1148 DELAWARE AVE 1148 DELAWARE AVE ATLANTA GA 30316 ATLANTA GA 30316 3. Mailing Address 22 Somerset Blvd. 2. Principal Place of Business 7633 Somerset Blud DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Paramount Paramount Applied For 4. FEI Number 59-3466643 CANot Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 90723 U.S.A 90723 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOYLE, RICHARDSON J Street Address (P.O. Box Number is Not Acceptable) 9554 KEVIN ROAD JACKSONVILLE FL 32257 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) DATE FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 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. ☐ Addition TITLE ☐ Delete DOYLE, RICHARDSON J NAME 7633 Somerset Blud. 1148 DELAWARE AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP Paramount, CA 90723 CITY-ST-ZIP atlanta ga 30316 ☐ Addition Change TITLE ☐ Delete TITLE VALEV. GEORGE NAME NAME Somerset Blod. 1148 DELAWARE AVE STREET ADDRESS STREET ADDRESS ATLANTA GA 30316 CITY-ST-ZIP Paramount, CA CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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

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