

06-02-2002 90904 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017590 ✓
 1. Entity Name
R+N Financial Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2520 SW 22nd Street</u>		3. Mailing Address <u>2520 SW 22nd Street</u>	
Suite, Apt. #, etc. <u>Ste #2 Box #348</u>		Suite, Apt. #, etc. <u>Ste #2 Box #348</u>	
City & State <u>Miami, FL.</u>		City & State <u>Miami, FL.</u>	
Zip <u>33145</u>	Country <u>USA</u>	Zip <u>33145</u>	Country <u>USA</u>

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4. FEI Number <u>650815346</u>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name <u>A+E Garcia, P.A.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2588 SW 27th Ave</u>			
City <u>Miami</u>		FL	Zip Code <u>33133</u>

DO NOT WRITE IN THIS SPACE

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 reappointing) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P Nelson A. Varona</u> <u>2520 SW 22nd Street Ste #2</u> <u>Box #348 Miami, FL. 33145</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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

SIGNATURE: [Signature] 05/28/02 786-287-1232
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #