2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

DOCUMENT # **P98000029781** May 22, 2000 8:00 am Secretary of State RMJ INVESTMENTS OF S. FLORIDA, INC. 05-22-2000 90056 026 ***150.00 Mailing Address Principal Place of Business 5916 DEERFIELD PLACE 5916 DEERFIELD PLACE LANTANA FL 33463-6759 LANTANA FL 33463 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0826991 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JANIS, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 5916 DEERFIELD PLACE LANTANA FL 33463 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. DATE (NOTE. Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Channe ☐ Addition D TITLE ☐ Delete TITLE JANIS, RICHARD P NAME NAME STREET ADDRESS **5916 DEERFIELD PLACE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33463 Addition Change TITLE ☐ Delete TITLE GOYETTE, MARSHALL-P ... NAME STREET ADDRESS 5916 DEERFIELD PLACE STREET ADDRESS CITY-ST-ZIP LANTANA FL 33463 CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE JANIS, JENNIFER L NAME NAME STREET ADDRESS **5916 DEERFIELD PLACE** STREET ADDRESS CITY-ST-ZIP LANTANA FL 33463 CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if