

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000085843**

1. Entity Name

R&R ENTERTAINMENT GROUP, INC.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90049 011 ***150.00

0268962

Principal Place of Business 9130 STATE RD 84 DAVIE FL 33324 US	Mailing Address 9130 STATE RD 84 DAVIE FL 33324 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0869986	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**BARBER, RICHARD A
13831 S.W. 59TH STREET, SUITE 207
MIAMI FL 33183****7. Name and Address of New Registered Agent**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	STD	<input type="checkbox"/> Delete
NAME	RICCI, AGNES C	
STREET ADDRESS	9130 STATE RD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RINDONE, MICHELE M	
STREET ADDRESS	9130 STATE RD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RINDONE, RAYMOND	
STREET ADDRESS	9130 STATE RD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CANETTE, GARY	
STREET ADDRESS	9130 STATE RD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BECKER, WERNER	
STREET ADDRESS	9130 STATE RD 84	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WAHL, WILLIAM	
STREET ADDRESS	9130 STATE RD 84	
CITY-ST-ZIP	DAVIE FL 33324	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Michele Rindone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

954-452-2800

Daytime Phone #

CR2E034 (10/00)