*2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087455 1. Entity Name R.L. MANAGEMENT DESIGN, INC. Principal Place of Business Mailing Address 14762 S.W. 297TH TERRACE 14762 SW 297TH TERR

FILED Apr 20, 2001 8:00 am Secretary of State 04-20-2001 90309 008 ***158.75

| HOMESTEAD F | L 33033 | HOMESTEAD FL 33033 | | | | 9 9 | 400 | Ί | | |
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| 2 Principal P | Place of Business | US | • | - | | | | | | _ |
| 5304 SW 138PL 5304 St | | | | 38 PL | | (8181 1871 B#H 8811 B | 1 001 11018 ; 186 |)) | 101 0 11/1 103/ | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | City & State | | - / | 4. FEI Number | 65-0870947 | | Ap | plied For | 7 |
| MIM | | MIAMI | | | | | | | ot Applicable |] |
| 33/ | 75 Country VSA | 33/75 | Count | ISA | 5. Certificate of | | | \$8.75 Add Fee Require | | |
| | 6. Name and Address of Current R | egistered Agent | | Name . | 7. Name and Ad | dress of New Re | gistered A | lgent | | \cdot |
| 1 000 | ez, raul | | | Name (| AUL | 10 pe | 2_ | | | |
| | 2 S.W. 297TH TERRACE | _ [| Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| HOMESTEAD FL 33033 | | | | | 4 <u>-3</u> 4 | <i>) / 3 c</i> | | | | 4 |
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| 8 The above | named entity submits this statement for | the nurnose of changing its r | ogietero | d office or register | ed agent or both i | n the State of Flori | - <u>-</u> | 1 | ·/ /— | ┪ |
| o. The above | Harried Criticy Substitio tills Statement for | are purpose or changing its in | cgistere | a office of register | ed agent, or both, i | in the State of Fion | ua. | | | |
| SIGNATURE _ | | | | | | | | | | ļ |
| | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE: | Registered | Agent signature required | when reinstating) | | DATE | | - | ļ |
| 9. This corpo | pration is eligible to satisfy its Intangible | FILE NOW!!! | FEE | S \$150.00 | | | | | | ĺ |
| 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550 | | | | | | on Campaign Final | | . 40.0 | 0 May Be | |
| (See criteria on back) Make Check Payable to Department of State | | | | | | Fund Contribution. | Ĺ | J Added | I to Fees | |
| 11. | OFFICERS AND D | IRECTORS | 12. | · | ADDITIONS/CH | ANGES TO OFFIC | ERS AND | DIRECTORS | S IN 11 | 1 |
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| 13. I hereby co | ertify that the information supplied with the | nis filing does not qualify for the | ne exem | ption stated in Sec | ction 119.07(3)(i), Fl | orida Statutes, i fu | rther certi | fy that the int | formation | |
| 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:

NTED NAME OF SIGNING OFFICER OR DIRECTOR