FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 18, 2002 8:00 am Secretary of State DOCUMENT # P98000087455 1. Entity Name 07-18-2002 90127 043 ***150.00 R.L. MANAGEMENT DESIGN, INC. Principal Place of Business Mailing Address 5304 SW 138 PL 5304 SW 138 PL **MIAMI FL 33175** MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0870947 Not Applicable Zip Country Zip Country \$8.75 Additional -5.-Certificate of Status Desired --- 🖃 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOPEZ, RAUL Street Address (P.O. Box Number is Not Acceptable) 5304 SW 138 PL **MIAMI FL 33175** City 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. I am familiar with, and accept 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE ☐ Addition NAME LOPEZ, RAUL NAME STREET ADDRESS 5304 SW 138 PL STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

13. Thereby 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



Florida Department of State **Division of Corporations** P.O.Box 1500 Tallahassee FL 32302-1500

To whom it may Concern,

Re::Document #P98000087455=RLEManagement Design inc...

On June 29 of this present year we received for the first time the 2002 Profit Corporation Annual Report package . This package illustrates a second notice stamp on it and requests for us to pay the sum of US \$ 550.00 which includes a \$ 400.00 late fee . I have taken the liberty to Kindly request the you waive for us the late fee.

Enclosed is our check No.1509 for the amount of US \$ 150.00, covering for the filing of the annual report and the corporation supplemental fee. Would you please confirm that the waiver has been accepted and that our account is updated on files? I'd like to straighten this out soon as possible, and will wait to hear from you . Thank you for your prompt attention to this matter

> Sincerely., Raul Lopez:

President &

R. L. MANAGEMENT DESIGN INC.

Chance also the threet to Kindly request the converse

which are find the specimen

mans. On it and recording the astropial the root of the S asset to visit humanics The statement of the second of