

**DOCUMENT # P98000089529**

1. Entity Name  
**R. N. J. MANAGEMENT, INC.**

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**  
01-16-2001 90102 001 \*\*\*150.00

Principal Place of Business <b>6987 THICKET TRACE LAKE WORTH FL 33467</b>	Mailing Address <b>6987 THICKET TRACE LAKE WORTH FL 33467</b>
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2. Principal Place of Business <b>7522 Greenville Circle</b>	3. Mailing Address <b>7522 Greenville Circle</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Lake Worth, FL</b>	City & State <b>Lake Worth, FL</b>
Zip <b>33467</b>	Zip <b>33467</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

4. FEI Number <b>65-0872762</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NITTOLO, ROBERT  
6987 THICKET TRACE  
LAKE WORTH FL 33467**

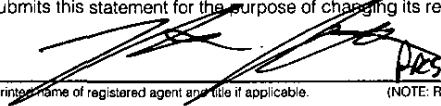
7. Name and Address of New Registered Agent

Name **Robert Nitto**

Street Address (P.O. Box Number is Not Acceptable)  
**7522 Greenville Circle**

City **Lake Worth** State **FL** Zip Code **33467**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **1/07/01**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>NITTOLO, ROBERT</b>	
STREET ADDRESS <b>6987 THICKET TRACE</b>	<b>7522 Greenville Circle</b>
CITY-ST-ZIP <b>LAKE WORTH FL 33467</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

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 filers empowered.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

DATE **1/07/01** Daytime Phone # **561-963-6195**

CR2E034 (10/00)