2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000101827** May 12, 2000 8:00 am Secretary of State 1. Entity Name RB&F. INC. 05-12-2000 90072 033 ***150.00 Principal Place of Business Mailing Address 4552 BOUGAINVILLA DR 4552 BOUGAINVILLA DR LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA FL 33308-3615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0887720 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired ____ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name sasadu, chester j jr. Street Address (P.O. Box Number is Not Acceptable) 2826 EAST OAKLAND PARK BLVD. #200 FORT LAUDERDALE FL 33306 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 (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) X Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME BRADBURY, RICHARD NAME STREET ADDRESS STREET ADDRESS 4552 BOUGAINVILLA DR CITY-ST-ZIP CITY-ST-7IP LAUDERDALE-BY-THE-SEA FL 33308 ☐ Change ☐ Addition TITLE TITLE ☐ Delete BRADBURY, RICHARD NAME NAME STREET ADDRESS 4552 BOUGAINVILLA DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL 33308 Change ☐ Addition ☐ Delete TITLE BRADBURY, RICHARD NAME NAME STREET ADDRESS 4552 BOUGAINVILLA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL 33308 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

3-28-00 954,792