APR 26 2002 09:23 FR

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Jun 19, 2002 8:00 am
Secretary of State
05-14-2002 90350 042 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101936

35921

1. Entity Name
Revelry Group Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9581 Sunrise Lakes Blvd	same
Suite, Apt. #, etc. Bldg 119 Complex J Unit 107	Suite, Apt. #, etc.
City & State Sunrise, Fla.	City & State
Zip 33322 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0901795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Steve Burk

Street Address (P.O. Box Number is Not Acceptable) 315 SE 7th St.

City Ft. Lauderdale FL Zip Code 33317

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANOUKIAN, RITA
STREET ADDRESS	9581 Sunrise Lakes Blvd
CITY-ST-ZIP	Sunrise, Fla 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E084B (12/01)

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 on an attached with an address, with all other like empowered.

SIGNATURE: Rita Manoukian 5/31/02 (954) 749-4258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32501F.1