2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **P99000008890** RAHAMS, INC. 04-25-2000 90129 040 ***150.00 Mailing Address Principal Place of Business **8000 PETERS ROAD** 8000 PETERS ROAD SECOND FLOOR SECOND FLOOR PLANTATION FL 33324-4030 PLANTATION FL 33324 Principal Place of Business Mailing Address 2832 STIRLING Z STIRLING RD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #, etc Applied For 4. FEI Number 65-0901194 WOOD Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINBERG, STEVE Street Address (P.O. Box Number is Not Acceptable) 8000 PETERS ROAD SECOND FLOOR PLANTATION FL 33324 Zio 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (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 báck) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ŽΩ Addition ☐ Delete TITLE TITLE ANDREW_ABRAHAM NAME NAME 2968 WESTBROOK STREET ADORESS STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CITY-ST-ZIP Addition □ Delete TITLE JOYCE ABRAHAM NAME 9599 WELDON CIRCLE STREET ADDRESS STREET ADDRESS ARAC FL 333a CITY-ST-ZIP CITY-ST-ZIP — ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-716 CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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 like empowered. changed, or on an attachment with an address, with all of

STREET ADDRESS CITY-ST-ZIP

TITLE

TITLE NAME STREET ADDRESS

CITY-ST-ZIF

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

KE ABRAHAM

X48-2000 95

Change

Addition