2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90639 043 ***150.00

L00069558

DOCUMENT # P99000009249

1. Entity Name
RNF technology Services, INC

Principal Place of Business: 6555 NW 36 St #324-2 Miami Fl. 33166
Mailing Address: 6555 NW 36 St #324-2 Miami Fl 33166

2. Principal Place of Business: 3101 AIRHAN'S DR
Suite, Apt. #, etc.
City & State: FT. Pierce, Fl.
Zip: 34946 Country

3. Mailing Address: 3101 AIRHAN'S DR
Suite, Apt. #, etc.
City & State: FT. pierce, Fl
Zip: 34946 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0897199 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
De NORONHA Roberto
6555 NW 36 St Suite 324-2
Miami Fl. 33166

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 1674 S.W. SUCCESS st
City: Port St Lucie **FL** Zip Code: 34953

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) ☐

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE SOUZA Vonda M 6555 NW 36 st Ste 324-2 Miami Fl 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1674 S.W. Success st port st lucie, Fl 34953 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DE NORONHA Roberto 6555 NW 36 st Ste 324-2 Miami Fl 33166 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1674 S.W. Success st port st lucie, Fl. 34953 ☐ Change ☐ Addition
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CR2E034 (11/00)

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 like empowered.

SIGNATURE: Roberto de Noronha Souza — 4/27/01 — (305) 485-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #