2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000010864** 1. Entity Name RMG INVESTORS, INC. Principal Place of Business Mailing Address 3530 FIRST AVENUE NORTH 3530 FIRST AVENUE NORTH ST. PETERSBURG FL 33713-8435 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90015 017 ***150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State			FEI Number			pplied For
-				77,	9-3554926			ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired		8.75 Adee Require	
	6. Name and Address of Current Re	egistered Agent		7.	Name and Address of New Ro	egistered A	gent	
			Name		***	,		
RAS	OOLI, ROGER T	Stroot A	Street Address (P.O. Box Number is Not Acceptable)					
	FIRST AVENUE NORTH	3 lieel A	Sileet Address (F.O. Box Hamber is Not Addeptionally					
	PETERSBURG FL 33713			<u> </u>	· · · · · · · · · · · · · · · · · · ·			
							Zip Coc	
			City			FL	Zip Coc	10
8. The above	e named entity submits this statement for t	the purpose of changing its	registered office or	registered ag	gent, or both, in the State of Flo	rida.		
SIGNATURE								
	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E. Registered Agent signatu	re required when r	reinstating)	DATE		
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW	!!! FEE IS \$150.0	00	10. Election Campaign Fin	onoina	ΦE (٠. ٠. ٠
Tax filing	requirement and elects to do so.	00 Fee will be \$5		Trust Fund Contribution			00 May Be d to Fees	
(See crite	ria on back)	Make Check Payat	ele to Department	of State				
11.	OFFICERS AND D	IRECTORS	12.		DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	
TITLE	D	☐ Delete	TITLE	D, P			Change 💢	Addition
NAME	RASOOLI, ROGERT T		NAME	RASOO	Li Roger T. Cardinal Dr. Sou			
STREET ADDRESS	-1119 63RD-ST: SOUTH 6700 Cr		STREET ADDRESS	6700 0	CArdINAL Dr. Sou	Th.		
CITY-ST-ZIP	GULFPORT FL-33707-F ST. PETE	ersburg, FL 33707	CITY-ST-ZIP	ST. 73	eTersburg, FL	<u>3370</u>		
TITLE	D	Delete	TITLE	D,5,7	01 0		Change	Addition
NAME	OTEO, GLADYS M OTEVO,	NAME	OTEV	O GLAdys M.	٠			
STREET ADDRESS			STREET ADDRESS	62/7	102 Terrace A	200 187 202 200	۳,	
CITY-ST-ZÍP	PINELLAS PARK FL 33782		CITY-ST-ZIP	T'iNe	LLHS PAYK FL	. 3378		
TITLE	}	Delete	TITLE				Change	Addition
NAME expect ADDRESS	•		name Street adoress					
STREET ADDRESS CITY-ST-ZIP	·		CITY-ST-ZIP					
		M 6.14			<u> </u>		[] Change	☐ Addition
TITLE NAME	(☐ Delete	TITLE NAME				Unango	
STREET ADDRESS	1		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		□ Delete	TITLE				☐ Change	Addition
NAME	1	La Doloto	NAME				- •	•
STREET ADDRESS			STREET ADDRESS	,				
CITY-ST-ZIP	1		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAME					
STREET ADDRESS	}		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
13. I hereby indicated	certify that the information supplied with t d on this report or supplemental report is t	his filing does not qualify for rue and accurate and that	r the exemption starny signature shall h	ted in Section ave the same	119.07(3)(i), Florida Statutes. I e legal effect as if made under d	further certicath; that I ar	fy that the	information r 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:

727-322-1508