## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900014466  1. Entity Name R.S. GROUP USA, INC.						Secretary of State 04-29-2002 90196 006 ***158.75			
Principal Place 6600 NW 82N MIAMI FL 331	D AVE	Mailing Address 6600 NW 82ND AVE MIAMI FL 33166				DO NOT WRITE IN THIS SPACE			
•	lace of Business  W 29 Street  , etc.	3. Mailing Address  8405 NW 29 Street  Suite, Apt. #, etc.							
City & State Miami, FL.		City & State  Miami, FL.  Zip Country			4.	FEI Number 62-17697		No	plied For t Applicable
Zip 33122	Country  USA  6. Name and Address of Current R	Zip 33122 egistered Agent		USA		Certificate of Status Desire  Name and Address of New	u 🔀 Fe	3.75 Add e Required ent	
SINGH, ROHIT 6600 NW 82ND AVE MIAMI FL 33166				City	Singh, Vineeta C. Address (P.O. Box Number is Not Acceptable)  B405 NW 29 Street  Miami FL Zip Code 33122				
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.  **Vineta Single**  SIGNATURE**Vineeta C. Singh (President)  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE									
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	10. Election Campaign Trust Fund Contribu			May Be to Fees
11. TITLE NAME STREET ADDRESS STITY-ST-ZIP	P SINGH, RAHUL 6600 NW 82 AVENUE MIAMI FL 33166	DIRECTORS  Delete			PS Singh 8405 N	Vineeta C. W 29 Street FT33122		IRECTORS  Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete			-PILGIIII - p			] Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Delete			erritariy <u>e waxa</u> a	grigar for <del>service</del> (1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		Change -	Addition
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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:**