## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P99000018546



1. Entity Name 04-17-2003 90597 026 \*\*\*150.00 RANDPORT INC. Principal Place of Business Mailing Address UNININU 3532 DUNES VISTA ORIVE-900 ATLANTIC BLVD. POMPANO-BEACH PL 33069 SUITE 17 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0908201 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEIDER, RANDY 2=3173-BENTLEY-PL 9592 DUNES VISTA DRIVE BOCA RATON, FI. POMPANO BEACH FL 33069 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE Change Change Addition ☐ Delete SCHNEIDER, RANDY NAME 23173 Bentley PLACE 9532 DUNES VISTA DRIVE STREET ADDRESS BOCA RATON FL 334-33 POMPANO BEACH FL 33069 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Apr 17, 2003 8:00 am Secretary of State

FILED

Make Check Payable to Florida Department of State 10:1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachm

SIGNATURE:

Daytime Phone #