2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000029447** 1. Entity Name RSI LIMITED INC. Principal Place of Business Mailing Address 3251 PONCE DE LEON BLVD 3251 PONCE DE LEON BLVD CORAL GABLES FL 33134-7251 CORAL GABLES FL 33134-7201

May 22, 2000 8:00 am Secretary of State

04-23-2000 90003 031 ***158.75

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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			DO NOT WRI	TE IN THIS SE	IN THIS SPACE		
		City & State		-, -	4. FEI Number		Applied For Not Applicable		
Zip	Country	Zip	Count	5. Certificate of Status D		\$8.75 Additional Fee Required			
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
				Name			•		
MCALPIN, RICHARD J 80 SW 8TH STREET, STE. 2805 MIAMI FL 33130				Street Address (P.O. Box Number is Not Acceptable)					
		or the purpose of changing	its registere	City ed office or	registered agent, or both, in the State of FI	FL orida.	Zip Code		
SIGNATURE	gnature, typed or printed name of registered ages				e required when reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2000 I Make Check Payable to			2000 Fee	will be \$5	50.00 Trust Fund Contribution		\$5.00 May Be Added to Fees		
11.	OFFICERS AN	D DIRECTORS	12.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS IN 11		
TITLE NAME STREET ADDRESS		☐ Delete	TITL Nam Stri		Dem Hathuran, Usahan J Susi Pake as as sus		☐ Change ☐ Addition		
			■ A170	AT 7(D	C-AR CRACE EL BRIEL				

Tax filing requirement and elects to do so. After MAY 1, 2000		FEE IS \$150.00 Fee will be \$550.00 to Department of State		Election Campaign Financing Trust Fund Contribution.	DebbA 🗆	May Be to Fees				
11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13251 (A	J. Workers J bace be used ships Carres fl 73134	☐ Change	∏ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3251 Pa	. John C LE NE VES BLUD - GAMUS FL 73134	☐ Change	The Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV tu sus 1251	- · · · · ·	☐ Change	A Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	DC MENENO GREY HA	KR - Ross, Ricardo OUND HOSE 23-RY CH LMOND SURREY GNOW	Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 fc	ualter, kared age, it sw 3rd st han fe 33130	☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition			
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 Statules. 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: