2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State P99000040228 DOCUMENT # 1. Entity Name 05-08-2002 90122 006 ***158.75 RN CONSULTING, INC. Principal Place of Business Mailing Address 113 N FEDERAL HWY 113 N FEDERAL HWY DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0925915 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, GERALD J Street Address (P.O. Box Number is Not Acceptable) 113 N FEDERAL HWY DANIA BEACH FL 33004 City Zip Code 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 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PVST-☐ Delete TITLE GONZALEZ, ANDREA NAME NAME 14415 5.W. BOTH ST. UNIT-6403 3100-NW -72 ND-AVE - UNIT - 125-STREET ADDRESS STREET ADDRESS **MIAMI-FL 33155** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME GONZALEZ, ANDREA NAME STREET ADDRESS 3100 NW 72ND AVE SNIT 125 -STREET ADDRESS CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP Delete TITLE MILAGROS GONZALE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change **X**Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 of 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 ecleiver 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 antiress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP