

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90017 015 \*\*\*150.00

**DOCUMENT # P99000057160**

1. Entity Name  
**R&D INNOVATIONS, INC.**

Principal Place of Business 3958 NORTHEAST 5TH AVENUE OAKLAND PARK FL 33334	Mailing Address 3958 NORTHEAST 5TH AVENUE OAKLAND PARK FL 33334-2232
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631380



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

65 0929054

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name  
**Scott Leonaggeo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3958 N.E. 5th Avenue**  
 City **Oakland Park** FL Zip **33334**

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 DATE **3/24/00**  
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD	COPELAND, RHENDA	3958 NORTHEAST 5TH AVENUE OAKLAND PARK FL 33334		V/D/T	Rhenda Leonaggeo	
					P/S/	Scott Leonaggeo	3958 Northeast 5th Avenue Oakland Park, FL 33334

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: Rhenda Leonaggeo DATE **3/24/00** 954 568 1237  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)