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

FILED Mar 20, 2003 8:00 am Secretary of State 03-20-2003 90125 005 ***150.00

DOCUMENT# P99000070366 1. Entity Name

	RCH PROPERTY DEVEL	JOZINEWI, IN		
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	Place of Business	3. Mailing Address		4
	x 3123	C/O S. Be	ernstein	
Suite. Apt	t. #, etc.	Suite, Apt. #, etc	2.	DO NOT WRITE IN THIS SPACE
City & Sta	214	PO Box 3	3123	Secretary of Act
-	Gables	City & State		4. FEI Number Applied Fo
Zip	Country	Coral Ga	ables, FL	65-0989694 Not Applie
33114	Miami-Dad		Country	5. Certificate of Status Desired \$8.75 Additional
	WARNELL POUR	le[_33114	Miami_Dade	Fee Required
		And the second second second	skie sankweiczeki Name	7. Name and Address of Current Registered Agent
1.44.78	DO NOT W	VDITE	Name Bowle	er, Michael
7277			Street Address (P.O. Box Number is Not Acceptable)
187	IN THIS SI	DARES		0 SW 96th Street
		MY ESTA		J SW YOTH STREET
	SIAME COMPANY		City	
o The above			The state of the s	i FL Zip Code 333176
the obligat	 named entity submits this statement is tions of registered agent 	or the purpose of changi	ing its registered office or registeri	ed agent, or both, in the State of Florida. Lam familiar with, and acce
***	Jone on registered age.n.			The Committee of the Co
SIGNATURE.		•		
	Signature, typed or printed name of registered agent	at and fitte if applicable.	Ja Martin - Dynamic Ramon A month of teach and experienced	
Jar	nuary 1 - May 1 Fee is \$150 no	and the representation	(NCTE: Registered Agent signature required a	when reinstating) DATE
240	After May 15 Fee is \$550 on			
Contract to the second	Amanda Dilmmi Carana	.a ^{rt} .82 f 1.konm∎		3 G Electron Communication of the same and t
Mala Check	Amended UBR is \$61.25			9. Election Campaign Financing \$5.00 May B
Make Check	Payable to Florida Department of			Trust Fund Contribution. \$5.00 May B Added to Fees
Make Check 10.	Payable to Florida Department of OFFICERS AND			Truct Fund Contains:
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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 on an

SIGNATURE:

SIGNA FORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-03 305 273-06/5 Date Daytime Phone #