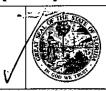
## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093901

1. Entity Name

JAME Weiner, RDH BOARD REviews, Inc.



## FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90973 040 \*\*\*158.75

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1304 N.W. 58 COURT	3. Mailing Address 7304 NW 58 COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number	Applied For
TAMARAC	FL	TAMARAC	FL	65-0964196	✓ Not Applicable
Zip / 3332 \	Country USA	zip 3 <b>33</b> シ	Country U.S.A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
CLYS, PREMICHAL MAIN	TO THE STATE OF			7. Name and Address of Current R	egistered Agent

## DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Name	-:H1	ヒナル	ALS .	$\sigma$	6F	モモル	
6			<u> </u>			3-5	
21	<del>```</del>						7
otroe	Address		jox-Mun	mer is	not-vec	<del>eptable</del>	.,

- 2825 University Dewe

Coen springs FL 3306

 $\Box$ 

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.

(NOTE: Registered Agent signature required when reinstating)

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10.

Innuani 4	May 1 Fee Is \$150.00	STATEMENT ST
January 1	may i i es le 4 lector	
- After Ma	y 1, Fee is \$550.00	4.4
	ed UBR is \$61.25	
KR CRECK Pavable	to Florida Department o	

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

President Jane Weiner, RDH NAME NAME 7304 NW 58 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP にん 33321 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-03

954 722 9745

Daytime Phone

CR2E034B (12/02)