## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

## DOCUMENT # P99000096883 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name RCRD, INC. 04-10-2000 90027 028 \*\*\*150.00 Principal Place of Business Mailing Address 10100 BAYMEADOWS RD., #1417 10100 BAYMEADOWS RD., #1417 JACKSONVILLE FL 32256-0501 JACKSONVILLE FL 32256 3. Mailing Address 2. Principal Place of Business 8286 WESTERN WAY Circle DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. P 8 D8 City & State City & State 4. FEI Number Applied For 59-36045 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUBIN, LEWIS Street Address (P.O. Box Number is Not Acceptable 10100 BAYMEADOWS RD., #1417 JACKSONVILLE FL 32256 or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PRESIDENT ☐ Addition Change TITLE TITLE Delete Lewis D. Rubin NAME NAME 3013 CALDER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP TACKSONUILLE CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE CAMILLE Boghos NAME 8000 Baymendows Circle E., Apt. 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECRETARY SANDRA H. Rubin ☐ Change Addition ☐ Delete TITLE TITLE NAME 3013 CALDER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville, Fl. 32250 CITY-ST-ZIP TREASURER Addition ☐ Delete TREASURER TITLE TITLE Antoine Boukheir Antoine Boukheir 249 PARK St. NAME NAME 249 PARK ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. Roxbury, MA. 02132 Roxbury, Ma. 02132 TITI F ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Chande ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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