2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am § Secretary of State P99000098429 DOCUMENT # 1. Entity Name 03-27-2002 90012 005 ***150 00 RBY, INC. Principal Place of Business Mailing Address 2101 W. COMMERCIAL BLVD., STE. 3500 2101 W. COMMERCIAL BLVD., STE. 3500 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0960206 Not Applicable Zip Country Zip 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 Name KONIG. MARCOS Street Address (P.O. Box Number is Not Acceptable) 2101 W. COMMERCIAL BLVD., STE. 3500 FORT LAUDERDALE FL 33309 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 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition NAME KONIG, MARCOS NAME 2101 W. COMMERCIAL BLVD., STE. 3500 STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITEE D ☐ Delete TITLE ☐ Addition Change NAME KONIG. SALOMON NAME STREET ADDRESS 2101 W. COMMERCIAL BLVD., STE. 3500 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE DPT ☐ Delete TITLE Change Addition KONIG, HARRY NAME NAME STREET ADDRESS 2101 W. COMMERCIAL BLVD., STE. 3500 STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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-ZIP CITY-\$T-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an add

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 adds with a differ like empowered.

FILED