## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am Secretary of State P99000101971 DOCUMENT # 05-28-2002 91502 018 \*\*\*150.00 RMH CONSULTING CORP. 71 Mailing Address Principal Place of Business P.O. BOX 403303 4205 N. MERIDIAN AVE. MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE : Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0981697 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required .7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name HERSKOWITZ, MARK Street Address (P.O. Box Number is Not Acceptable) 4205 N. MERIDIAN AVE. MIAMI BEACH FL 33140 City 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 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 10. 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE HERSKOWITZ, MARK NAME NAME 4205 N MERIDIAN AV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33140** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change -☐ · Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IE ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 appears in Block 11 or Block 12 if

**SIGNATURE:** 

CITY-ST-ZIP

FILED