FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 20, 2001 8:00 am DOCUMENT # P99000111343 **Secretary of State** 1. Entity Name RCL INTERNATIONAL, INC. 03-20-2001 90063 037 ***150.00 Principal Place of Business Mailing Address 5802 DEWEY STREET 5802 DEWEY STREET HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0969653 Not Applicable \$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 COHEN, BRADFORD M Street Address (P.O. Box Number is Not Acceptable) 200 S.E. 6TH ST., SUITE 306 FT. LAUDERDALE FL 33301 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Change Addition PAFFORD, CURT NAME NAME STREET ADDRESS STREET ADDRESS 5802 DEWEY STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WILLIAMS, RICHARD NAME STREET ADDRESS STREET ADDRESS 5802 DEWEY STREET ÇITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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-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-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 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 address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR