2001 UNIFORM BUSINESS REPORT (UBR) Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # \$32834** 1. Entity Name RJS CABINETS, INC. 04-25-2001 90170 022 ***150 00 Principal Place of Business Mailing Address 5405 NW 102ND AVE. 5405 NW 102ND AVE. #228 SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address 5405 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **#** 241 Applied For ~ City & State City & State 4. FEI Number 65-0258016 Not Applicable Sunrise Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required BROWARD 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent-Name SHINE, ROBERT F. Street Address (P.O. Box Number is Not Acceptable) 5405 NW 102ND AVE. #204 SUNRISE FL 33351 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** (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE □ Delete TITLE SHINE, ROBERT F. SHINE, ROBERT F. NAME NAME 4865 KENSINGTON CIRCLE 3261 NW 96TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SUNRISE FL** 33076 corri springs, fl ☐ Addition ☐ Change ☐ Delete TITI F TITLE RAYA, DANIEL NAME NAME STREET ADDRESS 11461 NW 36TH PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL TITLE TITLE . Delete • RAYA, JESSE NAME sime, Gregory NAME 601 N 53RD AVE LOT 4-W #14A STREET ADDRESS 8673 U.W. 61 ST. STREET ADDRESS CITY-ST-ZIP TAMARAC. FL HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR