| DOCUMENT 1. Entity Name | # S9057 | 8 | | <u> </u> | | |
|------------------------------|----------------------------|------------------------------|------------------|----------|--|--|
| | RE INTERNATIONAL | ., INC. | | | | |
| | | | | | | |
| Principal Place of Busine | SS | Mailing Address | | | | |
| 900 GLADES ROAD | | 900 GLADES ROAD | | | | |
| SUITE 3B | | # 3B | | | | |
| BOCA RATON FL 33431 | | BOCA RATON FL 33431 | | | | |
| US | | US | | | | |
| 2. Principal Place of Bus | iness | 3. Mailing Address | | •- | | |
| 7700 Congress Avenue | | 7700 Congress Avenue | | | | |
| Suite, Apt. #, etc. #1102 | | Suite, Apt. #, etc. #1102 | | | | |
| City & State | | City & State | | | | |
| Boca Raton, | FL | Boca Raton, | $_{ m FL}$ | | | |
| Zip | Country | Zip | Cour | itry | | |
| 33487 | USA | 33487 | USA | | | |
| 6. Nam | e and Address of Current I | Registered Agent | | | | |
| | <u></u> | | | Name | | |
| MESTER, HELENE | 7700 | | | | | |
| 900 GLADES RD | | gress Avenue | Street Address (| | | |
| #2B | Suite # 1 | 1102 | | | | |

| # 0110 2 # 110 | 7700 Congress | <u> Avenue</u> | 7700 Congre | ss Aven | ue | | | | | |
|---|--|--|--|---|---------------------------------|---|---|---------------------------|--|--|
| City & State BOCA Raton, FL BOCA RATON FL SSTER, HELENE FOR SUITE # 1102 ### BOCA RATON FL BOCA RATON | Suite, Apt. #, etc. #1102 | e, Apt. #, etc. Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| BOCA Raton, FL Boca Raton, FL Country 33487 Country 33487 Country 33487 Country 33487 Country 33487 Country 4 | <u></u> | "1102 | | · | | | | | | |
| Again Country 33487 USA 33 | | יד. | • | TO F | 4 | 65-0290237 | | | | |
| S. Cardificate of Status Desired \$34.87 USA \$. Cardificate of Status Desired \$80.00 place \$1.00 place | | | | | | | | | | |
| MESTER HELENE 7700 Congress Avenue 800 GADES RD 800 Raton, FL 33487 800 Raton, FL 33487 800 Raton, FL 33487 800 GADES RD 800 Raton Raton 800 GADES RD 800 Raton Raton 800 GADES RD 800 RATON FL 33431 | | • | · | , | 5 | Certificate of Status Desired | | | | |
| MESTER, HELENE 900 GLADES RD 7700 Congress Avenue 900 GLADES RD Suite # 1102 BOCA RATON FL 33431 8. The above named beetly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named beetly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its intengible Tax ship requirement and elicitis to do so or After May 1, 2002 Fee will be \$550.00 | 6. Name an | nd Address of Current R | | | 7 | . Name and Address of New Reg | | | | |
| Signature Source File Process Avenue Suite # 1102 BOCA RATON FL 33431 6. The above named settly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **Signature Symbols holded or promoc review of signature to grammat light in the state of Florida. **Signature Symbols holded or promoc review of signature to grammat light in the state of Florida. **Signature Symbols holded or promoc review of signature to grammat light in the state of Florida. **Signature Symbols holded or promoc review of signature to grammat light in the state of Florida. **Signature Symbols holded or promoc review of signature to grammat light in the state of Florida. **Signature Symbols holded or promoc review of signature to grammat light in the state of Florida. **Signature Symbols holded or promoc review of signature to grammat light in the state of Florida. **Signature Symbols holded or promoc review of signature to grammat light in the state of Florida. **Signature Highly Symbols holded or promoc review of signature to state the state of Florida. **Signature Highly Symbols holded or promoc review of signature to state the state of Florida. **Signature Highly Symbols holded or promoc review of signature to state the state of Florida. **Signature Highly Symbols holded or promoc review of signature to state the state of Florida. **Signature Highly Symbols holded or promoc review of signature to state the state of Florida. **Signature Highly Symbols holded or promoc review of signature to state the state of Florida. **Signature Highly Symbols holded or promoc review states. **Signature Highly Symb | | | | Name | | | · · · · · · · · · · · · · · · · · · · | | | |
| ## Suite # 1102 BOCA RATON FL 33431 Suite # 1102 BOCA RATON FL 33431 CIV BOCA RATON FL Zip Code B 3 4 8 7 Civ B 3 4 8 Civ B 3 4 Civ B 3 Ci | MESTER, HELENE | MESTER, HELENE Mester, Helene | | | Mester, Helene | | | | | |
| BOCA RATON FL 33431 BOCA RATON FL 33487 City Boca Raton FL 33 487 City Boca Raton | 900 GLADES RD | | | | 7700 Congress Avenue Suite 1102 | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signature, byco'd primar name of registered septice. Signature, byco'd primar name of registered septice where registered septice where registered septice or registered septice where registered septice or registered septice where registered registered registered septice where registered septice where registered septice where registered septice septice where registered septice registered registered septice where registered septice septice registered septice septice registered septice septice registered septice registered septice registered septice registered septice regi | #3B | • • | | , , , | | greed hyende. Di | ALCE 1102 | L | | |
| 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 | BOCA RATON FL 33431 | Boca Rato | n, FL 33487 | - | · | | ······································ | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, byte or printer name of legislate and the specialists. SIGNATURE Signature, byte or printer name of legislate and set is specialists. Part Hory or printer in an area of legislate and specialists. Activity is intrangible. Tax Hing requirement and obects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. State Adoless Trust Fund Contribution. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAKE MESTER, HELENE 900 GLADES ROAD, STE 38 BOCA RATON FL 33431 TILE MESTER, LAURENCE 900 GLADES ROAD, STE 38 BOCA RATON FL 33431 TILE MAKE STREET ADDRESS CITY-ST-2P BOCA RATON FL 33431 TILE MAKE STREET ADDRESS CITY-ST-2P BOCA RATON FL 33431 TILE MAKE STREET ADDRESS CITY-ST-2P BOCA RATON FL 33431 Delete TILE MAKE STREET ADDRESS CITY-ST-2P BOCA RATON FL 33431 TILE MAKE STREET ADDRESS CITY-ST-2P BOCA RATON FL 33431 Delete TILE MAKE STREET ADDRESS CITY-ST-2P BOCA RATON FL 33431 Delete TILE MAKE STREET ADDRESS CITY-ST-2P BOCA RATON FL 33431 Change Addition MAKE STREET ADDRESS CITY-ST-2P BOCA RATON FL 33431 Delete TILE MAKE STREET ADDRESS CITY-ST-2P BOCA RATON FL 33431 Change Addition MAKE STREET ADDRESS CITY-ST-2P BOCA RATON FL 33431 Change Addition MAKE STREET ADDRESS CITY-ST-2P TILE MAKE STREET ADDRESS CITY-ST-2P BOCA RATON FL 33431 Change Addition MAKE STREET ADDRESS CITY-ST-2P CHANGE STREET ADDRESS CITY-ST-2P CHANGE STREET ADDRESS CITY-ST-2P CHANGE CHANGE STREET ADDRESS CITY-ST-2P | | | | City | Boca 1 | Raton | | | | |
| SIGNATURE Signature, typical or printed name of neglatered agent are till of approache. Pour tilling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 After May | 8. The above named entity su | ubmits this statement for t | the purpose of changing its | registered office of | or registered a | agent, or both, in the State of Florida | a. D.J40 | | | |
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAKE STREET ADDRESS DOG CARATON FL 33431 TYPS MESTER, LAURENCE BOCA RATON FL 33431 TILE DOG LADES ROAD, STE 38 BOC | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1-11-4 | | | | <u>.</u> | 1 1 | ., | | |
| 9. This corporation is eligible to satisfy its intangible Tax filting requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: TITLE MAWE MAKESTER, HELENE 900 GLADES ROAD, STE 38 BOCA RATON FL 33431 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33431 TITLE MAME STREET ADDRESS CITY-ST-2IP MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33431 Delete TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33431 Delete TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33431 Delete TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33487 TITLE MAME STREET | SIGNATURE | SE MES | BR | 48/EUE | Mes | 57ER 4 | 15/02 | ٠. | | |
| Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | Signature, typed or p | rinted name of registered agent and | d title if applicable. (NOTE: | : Registered Agent signa | ture required when | n reinstating) | DATE | | | |
| Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 9. This corporation is eligible | to satisfy its Intangible | FILE NOW!! | ! FEE IS \$150. | .00 | | · | * | | |
| Make Check Payable to Department of State Trust Fund Contribution. Added to Fees | Tax filing requirement and | elects to do so. | | | | , , , | ~ _ \\ \psi_0 | 00 ^Maỹ Be | | |
| TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | (See criteria on back) | × | | | | Trust Fund Contribution. | ☐ Adde | d to Fees | | |
| MESTER, HELENE 900 GLADES ROAD, STE 3B BOCA RATON FL 33431 TITLE MAME STREET ADDRESS CITY-ST-ZIP MESTER, LAURENCE 900 GLADES ROAD, STE 3B BOCA RATON FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP MESTER, LAURENCE 900 GLADES ROAD, STE 3B BOCA RATON FL 33431 TITLE NAME CITY-ST-ZIP MESTER LAURENCE 900 GLADES ROAD, STE 3B BOCA RATON FL 33431 TITLE NAME CITY-ST-ZIP MIME CITY-ST-ZIP MIME DO-GlaDES RD-SUITE 3B BOCA RATON FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIME CITY-ST-ZIP MIME STREET ADDRESS CITY-ST-ZIP MIME MAME MAME MAME MAME MESTER MAME | 11, | OFFICERS AND DI | RECTORS | 12. | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTOR | 3S IN 11 | | |
| MESTER HELENE STRET ADDRESS CITY-ST-ZIP TITLE TVPS MESTER, LAURENCE MESTER, LAURENCE MESTER, LAURENCE MOO GLADES ROAD, STE 38 BOCA RATON FL 33431 TITLE NAME STRET ADDRESS STRET ADDRESS TRET ADDRESS TRET ADDRESS TRET ADDRESS TRET ADDRESS TRET ADDRESS TO Congress Avenue #1102 CONGRESS AVENUE #110 | TITLE P | ··· | ☐ Delete | TITLE | ``` | | | - | | |
| CITY-SI-ZIP BOCA RATON FL 33481 TYPS MESTER, LAURENCE MESTER, | | | ~ | NAME | | | 7 7 | ☐ Addition | | |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS | | | | STREET ADDRESS | 7700 | Congress Avenue | #1102 | | | |
| MESTER, LAURENCE SIRRET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP D Clarge STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-S | CITY-ST-ZIP BOCA RATON | N FL 33431 | | CITY-ST-ZIP | Boca | Raton, FL 33487 | • | | | |
| MAME 900 GLADES ROAD, STE 3B BOCA RATON FL 33431 Delete | | | Delete | TITLE | 7 | ···· | Change | □ Addition | | |
| CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP D | | | | NAME | | | • • | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S | | | " | STREET ADDRESS | 7700 | Congress Avenue | #1102 | | | |
| NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP | | I FL 33431 | | CITY-ST-ZIP | Boca | Raton, FL 33487 | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 Delete | | | ☐ Delete | TITLE | | | Change | Addition | | |
| CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP BOCA RATON, FL 33487 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL | | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES | | I FL 33431 | · · · · · · · · · · · · · · · · · · · | CITY-ST-ZIP | Boca | Raton, FL 33487 | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT | TITLE | | ☐ Delete | | | | ☐ Change | Addition | | |
| CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELETE TO DEL | | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP OCHANGE STREET ADDRESS CITY-ST-ZIP OCHANGE STREET ADDRESS CITY-ST-ZIP OCHANGE STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS | | | | CITY-ST-ZIP | | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition THE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(2)(i). Florido States in Addition Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(2)(i). Florido States in Addition Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(2)(i). Florido States in Addition Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(2)(ii). Florido States in Addition Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(2)(ii). Florido States in Addition Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(2)(ii). Florido States in Addition | TITLE | | ☐ Delete | | , | | ☐ Change | ☐ Addition | | |
| CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Addition | | | | | | | | | | |
| TITLE VAME STREET ADDRESS CITY-ST-ZIP 13. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(2)(). Florido States in Addition 14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(2)(). Florido States in Addition | | , | | | | | | | | |
| NAME 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(2)(i). Florido States in Addition Change | | | | - | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | TITLE | ·• | ☐ Delete | 1 | | | ☐ Change | Addition | | |
| CITY-ST-ZIP 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 07/29/i). Florido Statuto I further early than the information supplied with this filing does not qualify for the exemption stated in Section 119 07/29/i). Florido Statuto I further early than the information supplied with this filing does not qualify for the exemption stated in Section 119 07/29/i). Florido Statuto I further early than the information supplied with this filing does not qualify for the exemption stated in Section 119 07/29/i). | 1 | | | | | | | | | |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/2V/). Florido Statutos 14 with a section 119 07/2V/). | | | | | | | | | | |
| 13. Thereby 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 | | | ······································ | 1 | | | <u> </u> | | | |
| 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 677. Florida Statutes and that I am an officer or director | I hereby certify that the info indicated on this report or | ormation supplied with thi supplemental report is tru | s filing does not qualify for the and accurate and that my | he exemption stat r signature shali ha | ed in Section ave the same | 119.07(3)(i), Florida Statutes. I furt | her certify that the in that I am an officer | nformation or director | | |

4/15/2002