

FILED**May 19, 2003 8:00 am**
Secretary of State

05-19-2003 90230 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** V30306**1. Entity Name**
RLL & ASSOCIATES, INC.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1717 N. BAYSHORE DR Suite, Apt. #, etc. STE 2946 City & State MIAMI FL 33132 Zip 33132		3. Mailing Address 9900 SW 168th STREET Suite, Apt. #, etc. STE 9 City & State MIAMI FL Zip 33157	
Country MIAMI DADE		Country MIAMI DADE	

DO NOT WRITE IN THIS SPACE

4. FEI Number 650307304	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****DO NOT WRITE IN THIS SPACE****7. Name and Address of Current Registered Agent**

Name MARTIN, ROSE L	
Street Address (P.O. Box Number is Not Acceptable) 1717 N BAYSHORE DRIVE UNIT 2946 City MIAMI	
FL	Zip Code 33132

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)	DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS ROSE L MARTIN 1717 N BAYSHORE DRIVE #2946 MIAMI FL 33132
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LAVORIS MARTIN 1717 N BAYSHORE DRIVE #2946 MIAMI FL 33132
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DO NOT WRITE IN THIS SPACE**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 on an attachment with an address, with all other like empowered.****SIGNATURE:** *Lavoris Martin* LAJORIS MARTIN

4-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da. 2

Daytime Phone #

CR2E034B (12/01)