

UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # V 51952

1. Entity Name
RJ NETWORK SERVICES, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
3741 NE 163RD Street, suite 135 16663 NE 19 AV
North Miami Beach, FL 33160 N MIAMI BEACH, FL
33160 US

2. Principal Place of Business 3. Mailing Address
3741 NE 163 ST 3741 NE 163 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 135 Suite 135
City & State City & State
North Miami Beach, FL North Miami Beach, FL
Zip Country Zip Country
33160 US 33160 US

4/23/99 90206 043 \$150.00

4. FEI Number Applied For
650348076 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Robert Bailin
16663 NE 19 AV
N. Miami Beach, FL 33162

Name Robert Bailin
Street Address (P.O. Box Number is Not Acceptable)
3505 NE 171 ST
City N. Miami Beach FL Zip Code 33160

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 *Robert Bailin* DATE 7/26/00
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 Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PM	<input type="checkbox"/> Delete	TITLE	C CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILIN, ROBERT		NAME	BAILIN, ROBERT	
STREET ADDRESS	3741 NE 163 ST, SUITE 135		STREET ADDRESS	3741 NE 163 ST, SUITE 135	
CITY-ST-ZIP	N. Miami Beach, FL 33160		CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILIN, ELLEN		NAME	BAILIN, ELLEN	
STREET ADDRESS	3741 NE 163 ST, SUITE 135		STREET ADDRESS	3741 NE 163 ST, SUITE 135	
CITY-ST-ZIP	N. Miami Beach, FL 33160		CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BAILIN, DEENA	
STREET ADDRESS			STREET ADDRESS	3741 NE 163 ST, SUITE 135	
CITY-ST-ZIP			CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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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.

SIGNATURE: *Robert Bailin* DATE 7/26/00 305 948-944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)



3741 NE 163rd Street, Suite 135
North Miami Bch, FL 33160
(305) 944-8151 Fax: (305) 948-3347
Emergency: (305) 948-9449
sales@rjns.com

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July 26, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

I am writing in response to the dissolution of my corporation in your records. On June 28, 2000, I spoke with a representative named Michelle Milligan in the reinstatement section, and she explained that the reason the company was dissolved was because an additional signature was required for my 1999 corporation annual report. I was told that this letter was sent; however, I never received this information, and I assumed that the report was accepted for 1999. I am thus requesting that you waive the penalty fee for 2000. Thank you in advance for your cooperation.

Sincerely,

A handwritten signature in cursive script, appearing to read 'R. Bailin'.

Robert Bailin
President
RJ Network Services, Inc.