

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90040 004 ***150.00

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DOCUMENT # V51952

1. Entity Name
RJ NETWORK SERVICES, INC.



Principal Place of Business
3741 NE 163 ST
SUITE 135
NORTH MIAMI BEACH FL 33160
US

Mailing Address
3741 NE 163 ST
SUITE 135
NORTH MIAMI BEACH FL 33160
US



2. Principal Place of Business
16850-112 COLLINS AVE

3. Mailing Address
16850-112 COLLINS AVE

Suite, Apt. #, etc.
SUITE 135

Suite, Apt. #, etc.
SUITE 135

☒ CHECK HERE IF MAKING CHANGES

City & State
SUNNY ISLES, FL

City & State
SUNNY ISLES, FL

4. FEI Number 65-0348076

Applied For
Not Applicable

Zip
33160

Country
USA

Zip
33160

Country
USA

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

BAILIN, ROBERT
3741 NE 163 ST.
SUITE 135
N MIAMI BEACH FL 33160

Name ROBERT BAILIN
Street Address (P.O. Box Number is Not Acceptable)
16850-112 COLLINS AVE
SUITE 135
City SUNNY ISLES 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert Bailin* ROBERT BAILIN

4/30/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CCEO
NAME BAILIN, ROBERT
STREET ADDRESS 3741 NE 163 ST, SUITE 135
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME BAILIN, ELLEN
STREET ADDRESS 3741 NE 163 ST, SUITE 135
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Bailin* ROBERT BAILIN

4/30/03 305 948 9449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)