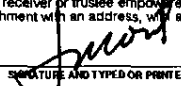


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90180 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80087589

DOCUMENT # P00000049060	
1. Entity Name RG ENVIRONMENTAL, INC.	
	
Principal Place of Business 11050 N.W. 36TH AVENUE MIAMI, FL 33167	Mailing Address 11050 N.W. 36TH AVENUE MIAMI, FL 33167
2. Principal Place of Business 300 Atlantic Ave.	3. Mailing Address 300 Atlantic Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Key Largo, FL	City & State Key Largo, FL
Zip 33037	Country USA
4. FEI Number 59-1263201	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRA, RENE A 11050 N.W. 36TH AVENUE MIAMI, FL 33167	
7. Name and Address of New Registered Agent Intrastate Registered Agent Corporation Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue Suite 3000 City Miami FL Zip Code 33131	
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. Intrastate Registered Agent Corporation Signature  Vice President Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when establishing) DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!! FEE IS \$160.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GUERRA, RENE A 11050 N.W. 36TH AVENUE MIAMI, FL 33167	TITLE NAME STREET ADDRESS CITY-ST-ZIP DPT Monteagudo, Jesus 300 Atlantic Drive Key Largo, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP DVPS Monteagudo, Alexander 300 Atlantic Drive Key Largo, FL 33037	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	