

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90288 024 ***150.00

DOCUMENT #	P03000148770
1. Entity Name	
RT & AT ENTERPRISES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1495 SW 116TH AVE		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		City & State	
City & State		City & State	
PEMBROKE PINES, FL		City & State	
Zip	Country	Zip	Country
33025			

4. FEI Number	Applied For
20-0471523	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
A AND J ADVISORY SERVICE	
Street Address (P.O. Box Number is Not Acceptable)	
2620 BUTTONWOOD AVE	
City	Zip Code
MIRAMAR	33025

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT AND TREASURER
NAME	RAMON TAULER
STREET ADDRESS	1495 SW 116TH AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	V-PRESIDENT AND SECRETARY
NAME	ARISLEYDA TAULER
STREET ADDRESS	1495 SW 116TH AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

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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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PRESIDENT

3/11/2004

(954) 437-6603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

34047224
PO 3000148770

RT & AT ENTERPRISES INC
1495 SW 116TH AVE
PEMBROKE PINES, FL 33025

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500 TALLAHASSEE FL 32302-1500**

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State Mailing Slip