

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90183 047 \*\*\*155.00

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**DOCUMENT # P95000046566**

1. Entity Name

**RR 4 MARKETING GROUP, INC.**



Principal Place of Business

**9044 SW 148 CT  
MIAMI FL 33196**

Mailing Address

**P.O. BOX 831477  
MIAMI FL 33283-1477**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0598917**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, SR., RAFAEL L  
9044 SW 148 CT  
MIAMI FL 33196**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 Rafael Rodriguez Sr.

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2003

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	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, SR., RAFAEL L	
STREET ADDRESS	9044 SW 148 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JR., RAFAEL L	
STREET ADDRESS	24 CALABRIA AVE #6	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RONALD	
STREET ADDRESS	9044 SW 148 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ROBERT	
STREET ADDRESS	9044 SW 148 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Rafael Rodriguez Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2003  
Date

305-908-7017  
Daytime Phone #

CR2E034 (10/02)