

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057172

1. Entity Name

R & H ACADEMIC TUTORING, INC.

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90003 005 ***150.00

818945



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10370 S.W. 96 TERRACE MIAMI FL 33176		Mailing Address 10370 S.W. 96 TERRACE MIAMI FL 33176	
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	65-0697980	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MASSA, RICHARD 10370 S.W. 96 TERR. MIAMI FL 33176		7. Name and Address of New Registered Agent	
		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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSA, RICHARD	NAME	
STREET ADDRESS	1436 PALANCIA AVE.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERPA, HECTOR	NAME	
STREET ADDRESS	10370 S.W. 96TH TERR.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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
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
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Richard Massa* **3-26-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



COLBERT • BOUE • AND • JUNCADILLA, P.A.

Certified Public Accountants

Pay April

Doc # P96000057172
Stamp # 818945

TO: R: H Academic Tutoring

DATE: 1-10-01

INSTRUCTIONS FOR FILING

UNIFORM BUSINESS REPORT (UBR)

TAX YEAR 2001

- 1) THE TAX REPORT IS TO BE SIGNED BY AN OFFICER.
- 2) MAIL THE REPORT IN THE ENCLOSED ENVELOPE
NO LATER THAN MAY 1, 2001 TO:

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

- 3) ENCLOSE A CHECK IN THE AMOUNT OF \$ 150.00 MADE PAYABLE TO
"DEPARTMENT OF STATE." **INDICATE YOUR FEDERAL IDENTIFICATION
NUMBER ON THE CHECK.**
- 4) THIS MUST BE MAILED **NO LATER THAN MAY 1, 2001** IN ORDER TO AVOID
LATE PENALTIES.
- 5) KEEP THE TAXPAYER COPY FOR YOUR RECORDS.