2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91238 036 ***150.00

DOCUMENT # V71643

1. Entity Name RESIDENTIAL SERVICES UNLIMITED, INC.

DO NOT WRITE IN THIS SPACE

24067115

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18521 S.W. 134 AVE	18521 S.W. 134 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI-FL	City & State: MIAMI-FL
Zip: 33177 Country: USA.	Zip: 33177 Country: USA.

4. FEI Number: 65-0365693 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CASARES, GEORGE A.

Street Address (P.O. Box Number is Not Acceptable): 18521 S.W. 134 AVE

City: MIAMI FL Zip Code: 33177

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASARES, GEORGE A
STREET ADDRESS	18521 S.W. 134 AVE
CITY-ST-ZIP	MIAMI-FL
TITLE	VP
NAME	ALONSO, MANUEL O.
STREET ADDRESS	2821 S.W. 68 AVE.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SEC.
NAME	SUAREZ, ALCIDES
STREET ADDRESS	6570 S.W. 37 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: G.A. CASARES 4/22/04 305-661-8894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #