

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070917

1. Entity Name

RAJO SERVICE STATION, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90224 008 ***150.00

Principal Place of Business

6812 BISCAYNE BLVD
MIAMI FL 33138
US

Mailing Address

6812 BISCAYNE BLVD
MIAMI FL 33138-6215
US

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

65-0443919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMA, JORGE M
845 5TH ST
MIAMI BEACH FL 33139

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	PALMA, JORGE	5333 COLLINS AVE, APT 208 MIAMI BEACH FL 33140	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	PALMA, ROBERTO	748 NW 133 AVE MIAMI FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	PALMA, JORGE M	11760 SW 24TH TER MIAMI FL 33175	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	PALMA, RAUL	9425 SW 8TH TER MIAMI FL 33174	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	PALMA, ADRIAN	5333 COLLINS AVE MIAMI BEACH FL 33140	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Raul Palma Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2000

Date

(305) 756-1171

Daytime Phone #