

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90381 049 ***150.00

0193575 AV

DOCUMENT # 344535

1. Entity Name
R J B CORP

Principal Place of Business
1000 NW 25TH AVE.
MIAMI FL 33125

Mailing Address
1000 NW 25TH AVE.
MIAMI FL 33125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3600 N.W. 37 Court
 Suite, Apt. #, etc.

3. Mailing Address
3600 N.W. 37 Court
 Suite, Apt. #, etc.

City & State
Miami, Florida
 Zip Country
33142 USA

City & State
Miami, Florida
 Zip Country
33142 USA

4. FEI Number **59-1272965** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WASSERSTROM, BARRY
4621 HOLLYWOOD BLVD STE-100
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name
Rafael Hernandez
 Street Address (P.O. Box Number is Not Acceptable)
3600 N.W. 37 Court
 City State Zip Code
Miami FL

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 *Rafael C Hernandez*
 Signature, typed or printed name of registered agent and title if applicable.

Rafael Hernandez

02/22/02

(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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP BENNETT, ROSE MARIE 1000 N W 25 AVENUE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Rose Marie Bennett 3600 N.W. 37 Court Miami, Florida 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rafael Hernandez 3600 N.W. 37 Court Miami, Florida 33142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rosa Perez 3600 N.W. 37 Court Miami, Floirida 33142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rafael C Hernandez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael Hernandez

02/22/02

Date

Daytime Phone #

11/17/02 - 02/22/02