

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 361169

1. Entity Name

RENTAL SYSTEMS OF HIALEAH INC

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90049 023 \*\*\*150.00

Principal Place of Business

Mailing Address

897 EAST 25TH STREET  
HIALEAH FL 33013

897 EAST 25TH STREET  
HIALEAH FLA 33013-3401

2. Principal Place of Business

12800 NW 7th Ave

3. Mailing Address

12800 NW 7th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N Miami, FL

City & State

N Miami, FL

4. FEI Number

59-1291470

Applied For

Not Applicable

Zip

Country

33168-2724 Miami-Dade

Zip

Country

33168-2724 Miami-Dade

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

RUSHING, DERK  
1351 NE 102 ST  
MIAMI, FL  
MIAMI SHORES FL 33138

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	P	<input type="checkbox"/> Delete
NAME	RUSHING, DERK	
STREET ADDRESS	1351 NE 102 ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUSHING, PATRICIA	
STREET ADDRESS	10062 SW 56 ST	
CITY-ST-ZIP	COOPER CITY FL 33314	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUSHING, MIRIAM	
STREET ADDRESS	1351 NE 102 ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)