2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F87950**

1. Entity Name

R.M. HEAVY EQUIPMENT INC.



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90148 022 ***158.75

,	TO EGON WEITH ITO.					
Principal Place of Business 3315 SW 65TH AVE MIAMI FL 33155-3969		Mailing Address 3315 SW 65TH AVE MIAMI FL 33155-3969				
2. Principal Place of Business		3. Mailing Address			/E UNUA WYUAY MAUAY MIMAI ANDA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2168248	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag		
			Name	Name		
MACHADO, ROGIBERTO			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
4511 SW	100 AVENUE		Street Addres			
MIAMI FL 33126						
			City	FL	Zip Code	
	e named entity submits this statement to tions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am fai	miliar with, and accept	
_	400			-		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requi	ired when reinstating) DATE	······································	
· · · · · · · · · · · · · · · · · · ·	ILE NOW!!! FEE IS \$150.00		<u></u>			
	r May 1, 2003 Fee will be \$550.00	·		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
	k Payable to Florida Department o	f State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
TITLE	VD	☐ Delete	TITLE		Change Addition	
NAME	MACHADO, AIDA		NAME			
STREET ADDRESS	7643 N.W. 2 TERR.		STREET ADDRESS		}	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP			
TITLE	PD	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	MACHADO, RIGOBERTO 7643 N.W. 2 TERR.		NAME STREET ADDRESS		}	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		j	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		3 50/66	NAME		_ , _	
STREET ADDRESS	}	•	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	[Change Addition	
NAME			NAME		{	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		l l	

12. 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 10 or Block 11 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

3.26-2007

305-553-2468

Daytime Phone #