

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-16-2003 90042 016 ***150.00

DOCUMENT # H47779

1. Entity Name
R. P. L, INC.



Principal Place of Business
1604 S.W. 140 AVENUE
MIAMI FL 33175
US

Mailing Address
1604 S.W. 140 AVENUE
MIAMI FL 33175
US

55052981

2. Principal Place of Business

1877 S.W. 6 ST.
Suite, Apt. #, etc.

3. Mailing Address

1604 S.W. 140 Ave
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

City & State

Miami Fla

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
33135

Country
USA

Zip
33175

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVARADO, PABLO
1604 SW 140 AVE
MIAMI FL 33175

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVARADO, RENE 1877 S.W. 6TH ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVARADO, MARIA LUISA 1877 S.W. 6TH ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVARADO, PABLO 1877 S.W. 6TH ST. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03

305-723-9912

Use

Daytime Phone #

CR2E034 (10/02)

attachment

July 28, 2003

Subject: R.P.L. INC.

55052981
#H47779

Reference Number: H47779

TO WHOM IT MAY CONCERN:

PLEASE FIND ATTACHED MY APPLICATION COMPLETED. I DID NOT RECEIVED THIS APPLICATION TILL 7/9/03 AND I SEND IT NEXT DAY I DON'T KNOW I GOT IT SO LATE. WHEN I RECEIVED I ALREADY HAD A LATE FEE. PLEASE CHECK A SEE THAT I HAVE BEEN PAYING THIS LICENSE SINCE 1985 I HAVE NOT BEEN LATE. PLEASE I AM ASKING THAT THIS LATE FEE BE REMOVED, BECAUSE IT WAS NOT MY FAULT THAT THE FORM ARRIVED TO ME SO LATE. THANKS IN ADVANCE


SINCERELY