

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K26751

1. Entity Name

R M G INDUSTRIES, INC.

Principal Place of Business

16201 NW 49TH AVENUE  
MIAMI FL 33014  
US

Mailing Address

16201 NW 49TH AVENUE  
MIAMI FL 33014  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEBARA, ROBERT

~~1701 N.E. 197 TERRACE~~

~~NO MIAMI BEACH FL 33179~~

16201 NW 49 Ave  
Miami FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)

16201 NW 49 Ave

City

Miami

FL

Zip Code

33014

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, 2001 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

T  
GEBARA, ROBERT  
3079 OLD STILL LANE  
WESTON FL 33331

☐ Delete

S  
GEBARA, MYRIAM  
3079 OLD STILL LANE  
WESTON FL 33331

☐ Delete

T  
PAUL, GARY  
16201 N.W. 49 AVE.  
MIAMI FL 33014

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 #

FILED  
Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90021 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)