

06-12-2003 90006 029 *****61.25
K26751

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

03 JUN 17 AM 7:54

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☒ CHECK HERE IF MAKING CHANGES

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
4. FEI Number 85-0081636				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEBARA, ROBERT 16201 NW 49 AVE MIAMI, FL 33014			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 _____ (NOTE: Registered Agent Signature required when resigning) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	T	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	GEBARA, ROBERT		NAME		
STREET ADDRESS	3079 OLD STILL LANE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33331		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GEBARA, MYRIAM		NAME		
STREET ADDRESS	3079 OLD STILL LANE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33331		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	PAUL, GARY		NAME		
STREET ADDRESS	16201 N.W. 49 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33014		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	VIP / Treasurer	☐ Change ☒ Addition
NAME			NAME	Robert Gebara, JR.	
STREET ADDRESS			STREET ADDRESS	3019 Old Still Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Weston, FL 33331	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 reports 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: 61003 90139322					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)

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