

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-31-2003 90815 001 ****50.00
03-31-2003 90815 002 ****5.00

DOCUMENT # L01000015950

1. Entity Name

RDH SERVICES & INVESTMENTS, L.L.C.



Principal Place of Business

Mailing Address

~~536 BILTMORE WAY~~
~~CORAL GABLES FL 33134~~

~~536 BILTMORE WAY~~
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

950 SOUTH PINE ISLAND

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 150

City & State
PLANTATION, F.L.

City & State

Zip
33324

Country
USA

Zip

Country

4. FEI Number **APPLIED FOR**
02-0640837

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CUEVAS, ANDREW ESQ.~~
~~CUEVAS & RUBIN, P.A.~~
~~536 BILTMORE WAY~~
~~CORAL GABLES FL 33134~~

Name

ILIANA ARIAS

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

1725 MAIN STREET, Suite 205

Weston Town Center

City

Weston Florida

FL

Zip Code

33326

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 \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SORIA, JESUS
~~536 BILTMORE WAY~~
~~CORAL GABLES FL 33134~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SORIA, JESUS
950 SOUTH PINE ISLAND SUITE 150
PLANTATION, F.L. 33324

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DE BARBATO, MARIELA
~~536 BILTMORE WAY~~
~~CORAL GABLES FL 33134~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DE BARBATO, MARIELA
950 SOUTH PINE ISLAND SUITE 150
PLANTATION, F.L. 33324

☒ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

03-26-2003 (954) 3859273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E033 (10/02)