

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 10, 2000 08:00 AM****Secretary of State****DOCUMENT # L24863**1. Entity Name  
RRP, INC.

## Principal Place of Business

8840 SW 92ND PLACE

MIAMI  
33176

FL

## Mailing Address

8840 SW 92ND PLACE

MIAMI  
33176

FL

## 2. Principal Place of Business

Suite, Apt. #, etc.

## City &amp; State

Zip

Country

## 3. Mailing Address

Suite, Apt. #, etc.

## City &amp; State

Zip

Country

## 4. FEI Number

59-7000059

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

EBBERT, PHYLLIS  
8840 SW 92ND PLACEMIAMI  
33176

FL

## 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

03/10/2000

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, 2000 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

TITLE VD ☐ Delete  
NAME YOUNGMAN, KIMBERLY  
STREET ADDRESS 5750 SW 51 ST.  
CITY-ST-ZIP MIAMI FLTITLE TD ☒ Delete  
NAME EBBERT, RONALD  
STREET ADDRESS 8840 SW 92 PLACE  
CITY-ST-ZIP MIAMI FLTITLE PD ☐ Delete  
NAME EBBERT, PHYLLIS  
STREET ADDRESS 8840 SW 92ND PLACE  
CITY-ST-ZIP MIAMI FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Ebbert, Phyllis

PD 03/10/2000