

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L83788

1. Entity Name

R-S LITTLE PRINCESS LTD., INC.

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90046 037 ***150.00

Principal Place of Business

Mailing Address

C/O R. TOUBY
19 WEST FLAGLER ST SUITE 907
MIAMI FL 33130
US

C/O R. TOUBY
19 WEST FLAGLER ST SUITE 907
MIAMI FL 33130-4407
US

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOUBY, R.
19 WEST FLAGLER ST.
SUITE 907
MIAMI FL 33130

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	TOUBY, R.	
STREET ADDRESS	19 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	TOUBY, K. P.	
STREET ADDRESS	57 SAMANA DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B. Russ-Strubbe	
STREET ADDRESS	13840 S.W. 74th Ave.	
CITY-ST-ZIP	Miami, FL 33158	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Touby, R.	
STREET ADDRESS	19 W. Flagler St. #907	
CITY-ST-ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

B. Russ-Strubbe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

(305) 373-8400

Date Daytime Phone #

CR2E034 (9/99)