

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85761

1. Entity Name

R & D OF MIAMI, ELECTRIC COMPANY, INC.

Principal Place of Business

5222 NW 80TH AVE  
CORAL SPRINGS FL 33067  
US

Mailing Address

P O BOX 772275  
CORAL SPRINGS FL 33077  
US

2. Principal Place of Business

5222 NW 80 terr

Suite, Apt. #, etc.

3. Mailing Address

5222 N.W. 80 ter

Suite, Apt. #, etc.

City & State

Parkland FLA

Zip

33067

Country

U.S.A

City & State

Parkland FL

Zip

33067

Country

U.S.A

4. FEI Number

65-0207314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, ROBIN LEE  
16750 SW 87TH COURT  
MIAMI FL 33157

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)

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	RIVERA, ROBIN	
STREET ADDRESS	5222 NW 80 TERR	
CITY-ST-ZIP	POMPANO BEACH FL 33067	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIVERA, DARLENE	
STREET ADDRESS	5222 NW 80 TERR	
CITY-ST-ZIP	POMPANO BEACH FL 33067	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

*Robin Lee Rivera* / *Robin Lee Rivera*

Date

5/1/01 (954) 752-0357

Daytime Phone #

CR2E034 (10/00)

0493891

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91346 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE