

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85884

1. Entity Name

R & R CONSULTING & DESIGN, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90110 021 ***150.00

Principal Place of Business

10725 SW 133 TERR
MIAMI FL 33176
US

Mailing Address

10725 SW 133 TERR
MIAMI FL 33176
US

2. Principal Place of Business

12824 SW 150 T

3. Mailing Address

12824 SW 150 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla

City & State

Miami Fla

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number 65-0251793

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

SEGALL, NORMAN S.
200 S. BISCAYNE BLVD. #2000
MIAMI FL 33131

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 PD
NAME WINTHROP, ROBERT
STREET ADDRESS 12010 SW 107TH ST
CITY-ST-ZIP MIAMI FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Robert Winthrop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

305-525-2644

Daytime Phone #

CR2E034 (10/00)