

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90064 017 ***150.00

DOCUMENT # M31303

1. Entity Name
RRD & ASSOCIATES, INC.

C0003484



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9380 S.W. 62ND STREET
MIAMI FL 33173

9380 S.W. 62ND STREET
MIAMI FL 33173-2300

2. Principal Place of Business

3. Mailing Address

2700 NW 112 AVE.

2700 NW 112 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL.

Zip

Country

Zip

Country

33172

MIAMI-DADE

33172

MIAMI-DADE

4. FEI Number

59-2678020

Applied For

Not Applicable

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

DUBE, RAUL R.
9380 S.W. 62ND STREET
MIAMI FL 33173

Name

DUBE, RAUL R.

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

2700 NW 112 AVE

City

MIAMI

FL

Zip Code

33172

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 ☐ Delete
NAME **PSD**
STREET ADDRESS **DUBE, RAUL R.**
CITY-ST-ZIP **9380 SW 62 ST**
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME **PSD**
STREET ADDRESS **DUBE, RAUL R.**
CITY-ST-ZIP **2700 NW 112 AVE.**
MIAMI, FL. 33172

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **DUBE, SHEILA K.**
CITY-ST-ZIP **9380 SW 62 ST.**
MIAMI FL

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **DUBE, JORGE L.**
CITY-ST-ZIP **2700 NW 112 AVE**
MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME **VTD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2000 305 5943227