

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-14-2000 90064 017 ***150.00

C0003484



DO NOT WRITE IN THIS SPACE

DOCUMENT # M31303

1. Entity Name
RRD & ASSOCIATES, INC.

Principal Place of Business 9380 S.W. 62ND STREET MIAMI FL 33173	Mailing Address 9380 S.W. 62ND STREET MIAMI FL 33173-2300
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2. Principal Place of Business 2700 NW 112 AVE.	3. Mailing Address 2700 NW 112 AVE.
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Suite, Apt. #, etc. 1	Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL.	4. FEI Number 59-2678020	Applied For <input type="checkbox"/> Not Applicable
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Zip 33172	Country MIAMI-DADE	Zip 33172	Country MIAMI-DADE	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUBE, RAUL R. 9380 S.W. 62ND STREET MIAMI FL 33173		7. Name and Address of New Registered Agent Name DUBE, RAUL R. Street Address (P.O. Box Number is Not Acceptable) 2700 NW 112 AVE City MIAMI FL Zip Code 33172	
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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 *Raul R. Dube* (NOTE: Registered Agent signature required when reinstating) DATE 1/5/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD DUBE, RAUL R. 9380 SW 62 ST MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DUBE, RAUL R. 2700 NW 112 AVE. MIAMI, FL. 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUBE, SHEILA K. 9380 SW 62 ST. MIAMI FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUBE, JORGE L. 2700 NW 112 AVE MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Raul R. Dube* 1/5/2000 305 594 3227
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #