

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M55560

Entity Name

3. R. INTERNATIONAL OF MIAMI INC.

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

01-14-2000 90022 002 \*\*\*150.00

Principal Place of Business

60 SW 8TH ST.  
TE 230  
MI FL 33184

Mailing Address

18621 SW 232 ST  
MIAMI FL 33170-5303  
US

000010



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2822382

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

**GUILLEN, ERIC**  
**1098 S.W. 134 CT.**  
**MIAMI FL 33184**

Name

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

City

**FL**

Zip Code

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

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

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
<table><tr><td>11. OFFICERS AND DIRECTORS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td><b>D GUILLEN, ERIC</b></td></tr><tr><td>STREET ADDRESS</td><td><b>18621 SW 232 ST</b></td></tr><tr><td>CITY-ST-ZIP</td><td><b>MIAMI FL</b></td></tr></table>	11. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete	NAME	<b>D GUILLEN, ERIC</b>	STREET ADDRESS	<b>18621 SW 232 ST</b>	CITY-ST-ZIP	<b>MIAMI FL</b>	<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
11. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete																
NAME	<b>D GUILLEN, ERIC</b>																
STREET ADDRESS	<b>18621 SW 232 ST</b>																
CITY-ST-ZIP	<b>MIAMI FL</b>																
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table><tr><td>11. OFFICERS AND DIRECTORS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	11. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
11. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table><tr><td>11. OFFICERS AND DIRECTORS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	11. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
11. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table><tr><td>11. OFFICERS AND DIRECTORS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	11. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
11. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table><tr><td>11. OFFICERS AND DIRECTORS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	11. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
11. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table><tr><td>11. OFFICERS AND DIRECTORS</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	11. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
11. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	

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 OF ERIC GUILLEN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)