

2000 UNIFORM BUSINESS REPORT (ÚBR)**FILED****May 10, 2000 8:00 am**
Secretary of State

01-27-2000 90043 041 ***150.00

DOCUMENT # M58145

1. Entity Name

RIMAR BLINDS INC.

Principal Place of Business

9374 NW 13TH ST.
172
MIAMI FL 33172
US

Mailing Address

9469 NW 12 CT
MIAMI FL 33172-2803
US

2. Principal Place of Business

9475 NW 12st

Suite, Apt. #, etc.

3. Mailing Address

9475 NW 12st

Suite, Apt. #, etc.

City & State

Miami Fla

Zip

33172

Country

Dade

City & State

Miami Fla

Zip

33172

Country

Dade

4. FEI Number

65-0011073

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FLORES, RIGOBERTO
1970 SW 128 CT
MIAMI FL 33175

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FLORES, RIGOBERTO	
STREET ADDRESS	12370 S.W. 193 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FLORES, MARIA DEL C.	
STREET ADDRESS	1970 SW128 CT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	Rigoberto Flores	<input type="checkbox"/> Delete
NAME	1970 SW 128st	
STREET ADDRESS	Miami Fla 33175	
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	Alma del C. Flores	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1970 SW 128st	
STREET ADDRESS	Miami Fla 33175	
CITY-ST-ZIP		
TITLE	Rigoberto Flores	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1970 SW 128st	
STREET ADDRESS	Miami Fla 33175	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #