NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90284 016 ****61.25

DOCUMENT # N02000008141

1. Entity Name
Research & Service Foundation, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3750 W. 16 Avenue	3750 W. 16 Ave
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104
City & State Hialeah	City & State Hialeah
Zip 33012 Country USA	Zip 33012 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3730573 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Dr. Rolando Muhlig
Street Address (P.O. Box Number is Not Acceptable) 3750 W. 16 Avenue
Suite 104
City Hialeah FL Zip Code 33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Dr. Rolando Muhlig 760 E. 39 Street Hialeah, Fl. 33013	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Director Luz S. Giraldo Muhlig 760 E. 39 Street Hialeah, Fl. 33013	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Director Dr. Raul Garcia 692 E. 19th Street Hialeah, Fl. 33013	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dr. Cesar Blumtritt 1260 SW 177 Terr. Pembroke Pines, Fl. 33029	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director / Treasurer Dr. Cirilo Gonzalez 7804 NW 124th Terrace Hialeah Gardens, Fl. 33018	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dr Jose Acosta 2355 SW 27th Street Miami, Fl. 33133	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Dr. Rolando J. Muhlig 305-558-5663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #