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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90207 008 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004544

1. Corporation Name

R.R.R. SERVICES, INC.

Principal Place of Business

**1540 NW 203RD STREET
MIAMI FL 33169**

Mailing Address

**1540 NW 203RD STREET
MIAMI FL 33169**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

08/28/1996

4. FEI Number

65-0709212

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**ROBERTS, HAROLEAN S
1540 NW 203RD STREET
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ROBERTS, CLEVELAND E JR.**

STREET ADDRESS **1540 NW 203RD STREET**

CITY-ST-ZIP **MIAMI FL 33169**

TITLE **SD** ☐ DELETE

NAME **ROBERTS, PAMELA M JR.**

STREET ADDRESS **1540 NW 203RD STREET**

CITY-ST-ZIP **MIAMI FL 33169**

TITLE **TD** ☐ DELETE

NAME **ROBERTS, HAROLEAN S**

STREET ADDRESS **1540 NW 203RD STREET**

CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ DELETE

NAME **DANIELS, ANNA**

STREET ADDRESS **18451 NW 37TH AVE #207**

CITY-ST-ZIP **OPALOCKA FL 33055**

TITLE **DM** ☐ DELETE

NAME **FARRINGTON, VALDERIA**

STREET ADDRESS **1095 NW 85TH STREET**

CITY-ST-ZIP **MIAMI FL 33150**

TITLE **MD** ☐ DELETE

NAME **LANKFORD, BERTHA**

STREET ADDRESS **6501 NW 19TH AVE**

CITY-ST-ZIP **MIAMI FL 33147**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E037 (11/98)