

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006257

1. Entity Name
R & M MARKETING ENTERPRISES, CORP.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90496 047 ***150.00

Principal Place of Business

8120 SW 86TH AVENUE
MIAMI FL 33143

Mailing Address

8120 SW 86TH AVENUE
MIAMI FL 33143

2. Principal Place of Business

10260 NW 44 Terr.
Suite, Apt. #, etc.

3. Mailing Address

10260 NW 44 Terr.
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0976255

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YEDO, RAQUEL M
8120 SW 86TH AVENUE
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name: Raquel M. Correa
Street Address (P.O. Box Number is Not Acceptable): 10260 NW 44 Terr.
City: Miami FL Zip Code: 33178

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, 2001 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

TITLE	PD	☐ Delete
NAME	YEDO, RAQUEL M	
STREET ADDRESS	8120 SW 86TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	Correa, Raquel M.	
STREET ADDRESS	10260 NW 44 Terrace.	
CITY-ST-ZIP	Miami, FL 33178	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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

3/14/01

Date

305-592-0444

Daytime Phone #

CR2E034 (10/00)