FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006257

1. Entity Name

R & M Marketing Enterprises Corp.

FILED
02 AUG -7 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600007427206--7
-08/29/02--01046--030
*****50.00 *****50.00
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10260 NW 44 Terr.	10260 NW 44 Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL.
Zip: 33178 Country: USA	Zip: 33178 Country: USA

4. FEI Number: 65 0976255 ☐ 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: Raquel M. Correa

Street Address (P.O. Box Number is Not Acceptable): 10260 NW 44 Terr.

City: Miami, FL **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: Raquel M. Correa — 8/6/02
Signature, type 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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Miguel A. Correa
STREET ADDRESS	10260 NW 44 Terr
CITY-ST-ZIP	Miami, FL 33178
TITLE	SP
NAME	Raquel M. Correa
STREET ADDRESS	10260 NW 44 Terr.
CITY-ST-ZIP	Miami, FL 33178.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

TITLE	600007427206--7
NAME	-08/29/02--01046--031
STREET ADDRESS	****508.75 ****508.75
CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Raquel Correa — 08/06/02 — 305-8982385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #