

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90026 003 \*\*\*550.00

**DOCUMENT #** P00000006612

**1. Entity Name**

R.G. EQUIPMENTS AND PARTS, INC.

**Principal Place of Business**  
 7115 WEST 13<sup>th</sup> AVE.  
 HIALEAH, FL 33014

**Mailing Address**  
 7115 WEST 13 AVE.  
 HIALEAH, FL 33014

**2. Principal Place of Business**  
 5907 KUMQUAT ROAD.

**3. Mailing Address**  
 5907 KUMQUAT ROAD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
 WEST PALM BEACH, FL

**City & State**  
 WEST PALM BEACH, FL

**4. FEI Number**  
 65-0975041

**Applied For**  
☐ Not Applicable

**Zip**  
 33413

**Country**  
 U.S.A

**Zip**  
 33413

**Country**  
 U.S.A

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

**6. Name and Address of Current Registered Agent**

ROBERTO O. RAMOS  
 7115 WEST 13 AVE.  
 HIALEAH, FL 33014

**7. Name and Address of New Registered Agent**

**Name**  
 JOSE A. RAMOS  
**Street Address (P.O. Box Number is Not Acceptable)**  
 5907 KUMQUAT ROAD

**City** WEST PALM BEACH **FL** **Zip Code** 33413

**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)

09/10/01  
 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 \$550.00**  
 After September 12, 2001 Fee will be \$750.00  
 Make Check Payable to Department of State

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** P ☒ **Delete**  
**NAME** ROBERTO O. RAMOS  
**STREET ADDRESS** 5917 KUMQUAT ROAD  
**CITY-ST-ZIP** WEST PALM BEACH, FL 33413

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P ☐ **Change** ☒ **Addition**  
**NAME** JOSE A. RAMOS  
**STREET ADDRESS** 5907 KUMQUAT ROAD  
**CITY-ST-ZIP** WEST PALM BEACH, FL 33413

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
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**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

9/10/01 (561)  
 Date

Daytime Phone #

CR2E034 (5/01)