

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90092 009 ***150.00

DOCUMENT # P00000008000

1. Entity Name
R.V. MARKETING GROUP, INC.



Principal Place of Business
**4712 NW 165ST
MIAMI FL 33014**

Mailing Address
**505 NW 72ND AVE
SUITE 103
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address
3514 N.W. 12 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

Country

Zip

33125

Country

U.S.A.

4. FEI Number **65-0975416**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**VICO, ROBERT
505 NW 72ND AVE
SUITE 103
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

MARIA VICO

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

3514 N.W. 12 TERRACE

City

MIAMI

FL

Zip Code
33125

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 *Maria Vico - MARIA Vico*

3/25/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **VICO, ROBERT**
STREET ADDRESS **505 NW 72ND AVE SUITE 103**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ Delete
NAME **ARCE, CRISTINA**
STREET ADDRESS **505 NW 72AVE #103**
CITY-ST-ZIP **MIAMI FL 33126**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **ROBERT VICO**
STREET ADDRESS **3514 N.W. 12 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **ARCE CRISTINA**
STREET ADDRESS **3514 N.W. 12 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33125**

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Vico* **ROBERT VICO - DIRECTOR** *3/25/2003* *305-625-4422*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)