17.01-0131-36-3150. J-31...

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 31 PM 4:11

DOCUMENT #: P00000010372

1. Entity Name
R & D EXPORT, INC.

Principal Place of Business	Mailing Address
5625 NE 1ST AVENUE MIAMI FL 33137	5625 NE 1ST AVENUE MIAMI FL 33137

2. Principal Place of Business	3. Mailing Address
Miami	5625 NE 1 Ave
Suite, Apt. #, etc.: 5625 NE 1 Ave	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33137 Country	Zip: 33137 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0997478 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DORSAINVIL, ROSE
5625 NE 1ST AVENUE
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name: Rose Dorsainvil
Street Address (P.O. Box Number is Not Acceptable): 5625 NE 1 Ave
City: Miami FL Zip Code: 33137

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: Rose G. Dorsainvil 09-07-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSAINVIL, ROSE 5625 NE 1ST AVENUE MIAMI FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/01)

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: Rose G. Dorsainvil 09-07-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
DHPUOOOOV0372
A0086264

Dear Sir or Madam

My name is Rose, and I open a new Susiness in the year 2000. I didn't know if I have to filled a Susiness report. Last month I received your Paper said they send me a Paper before, but I didn't receive it, and thats why, when I called this morning, Someone tell that I can send the money and make in excuse. I am very sorry for that, and I thanks you for time and your Coorporation.

Sincerely Rose,