

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 100000016998

1. Entity Name

RPM OF BONITA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4288 BEACH RD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

BONITA SPRS, FL

City & State

Zip

Country

34134

Country

LEE

4. FEI Number

59-3630087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GERARDO MUNOZ

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

3611- 4TH AVE NE

City

NAPLES

FL

Zip Code

34120

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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 DIRECTOR
NAME RODRIGO GARCIA
STREET ADDRESS 1830 WILSON BLVD N
CITY - ST - ZIP NAPLES FL 34117

TITLE DIRECTOR
NAME GERARDO MUNOZ
STREET ADDRESS 3611- 4TH AVE NE
CITY - ST - ZIP NAPLES FL 34120

TITLE DIRECTOR
NAME MARTINE VASQUEZ
STREET ADDRESS 18364 ORIOLE RD
CITY - ST - ZIP FT MYERS, FL 33912

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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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

Date

234-448-0500

Daytime Phone #

CR2E034B (12/01)

2119

Attachment#

Department of State
Division of Corporations
P O Box 6327
Tallahassee, Fl 32314

Re: RPM of BONITA INC
P# 700000016998

Gentlemen:

Enclosed is UBR, for profit corporation.

In a review of accounts at the end of the year we see that we did not receive

And did not file the UBR as required by the state. The name and address of

The current registered agent was incorrect and we therefore did not receive

The form. We have corrected his address at line 7 of the report and

Enclose our check for \$150.00.

Yours truly,

RPM of Bonita, Inc.



By: Gerardo Munoz
Registered Agent

December 27, 2002