

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000040784**1. Entity Name  
R.M.B.J. INC.**Principal Place of Business**

14237 S.W. 45TH STREET

MIAMI  
33175

FL

**Mailing Address**

14237 S.W. 45TH STREET

MIAMI  
33175

FL

**2. Principal Place of Business**

9747 NW 41 STREET

**3. Mailing Address**

9747 NW 41 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

MIAMI

FL

**City & State**

MIAMI

FL

Zip

33175

Country

Zip

33175

Country

**4. FEI Number****65-1008410**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****BUSTILLO MYRNA P**  
14237 S.W. 45TH STREET

MIAMI

33175

FL

US

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

Name

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

City

**FL**

Zip Code

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)

**03/10/2001**

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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**

TITLE	TD	<input type="checkbox"/> Delete
NAME	RILEY JANET H	
STREET ADDRESS	5736 NW 127 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RILEY WILLIAM H	
STREET ADDRESS	5736 NW 127 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUSTILLO ROY	
STREET ADDRESS	14237 S.W. 45TH STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUSTILLO MYRNA P	
STREET ADDRESS	14237 S.W. 45TH STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: MYRNA BUSTILLO**

PD

03/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)