2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P00000044240 **DOCUMENT #** 1. Entity Name R L M SERVICES, INC. 04-11-2002 90749 001 *****8.75 04-11-2002 90749 002 ***150.00 Principal Place of Business Mailing Address 1131 SW 138TH COURT 1131 SW 138TH COURT MIAMI FL 33184 MIAMI FL 33184 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-1013306 Not Applicable \$8.75 Additional - ـ Zip ـ ـ م _Country __ _ Zip___ Country 5.-Certificate of Status Desired. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEDINA, ROLANDO L JR Street Address (P.O. Box Number is Not Acceptable) 1131 SW 138TH COURT **MIAMI FL 33184** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE TITLE ☐ Delete MEDINA, ROLANDO L JR NAME NAME: 1131 SW 138TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33184 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP-☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

OLLEGIAND ROLANGO IN MEDICAL STRANGO STRICK AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-1-02

305-984-4/99

Daytime Phone #

☐ Change

☐ Addition

CR2E034 (9/01)