

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047021

1. Entity Name

R & M PROFESSIONAL SERVICES, CORP.

Principal Place of Business

Mailing Address

631 Anderson Circle # 210 Same address
Deerfield Beach, FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1005871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0059207

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERSON RICARDO DIAS DE ALMEIDA
123 Lock Road # 8
Deerfield Beach, FL 33442

Name

GERSON RICARDO DIAS DE ALMEIDA

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

631 Anderson Circle # 210

City

Deerfield Beach

FL

Zip Code

33441

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME Gerson Ricardo Dias De Almeida ☐ Delete
STREET ADDRESS 123 Lock Road # 8
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE PVTSD
NAME Gerson Ricardo Dias De Almeida ☐ Change ☒ Addition
STREET ADDRESS 631 Anderson Circle # 210
CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE VTD ☒ Delete
NAME Matheus Dias De Almeida
STREET ADDRESS 123 lock Road # 8
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/01
Date

(954) 254-3140
Daytime Phone #

CR2E034 (11/00)