


# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90148 032 \*\*\*150.00

**975691**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT# P00000047021</b>																															
1. Entity Name <b>R &amp; M PROFESSIONAL SERVICES, INC</b>																															
Principal Place of Business <b>631 ANDERSON CIR APT# 210 DEERFIELD BEACH, FL 33441</b>		Mailing Address <b>631 ANDERSON CIR APT# 210 DEERFIELD BEACH, FL 33441</b>																													
2. Principal Place of Business		3. Mailing Address																													
Suite, Apt #, etc.		Suite, Apt. #, etc.																													
City & State		City & State																													
Zip	Country <b>USA</b>	Zip	Country <b>USA</b>																												
6. Name and Address of Current Registered Agent  <b>DIAS DE-ALMEIDA, GERSON RICARDO 631 ANDERSON CIR APT# 210 DEERFIELD BEACH, FL 33441</b>		7. Name and Address of Now Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <b>FL</b> 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  (NOTE: Registered Agent signature required when reinstating) DATE <b>07/29/02</b>																															
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																													
		10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> may Be Added to Fees.																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">11. OFFICERS AND DIRECTORS</th> <th colspan="2">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><b>PDST DIAS DE ALMEIDA, GERSON RICARDO 631 ANDERSON CIR APT# 210 DEERFIELD BEACH, FL 33441</b> <input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input type="checkbox"/> Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PDST DIAS DE ALMEIDA, GERSON RICARDO 631 ANDERSON CIR APT# 210 DEERFIELD BEACH, FL 33441</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 qualified 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: X**  **NOTARIAL FEE REQUIRED**

**07/29/02**

Date

Daytime Phone #

Attachment 975691

Deerfield Beach - FL, July 29<sup>th</sup>, 2002

FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT DEPARTMENT  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation  
by the following name:

R & M PROFESSIONAL SERVICES, INC.

DOC. # P00000047021

Our corporation has its articles filed with Florida  
department of State-Division of Corporation on 05/11/00.  
Unfortunately, we never received the first notice, of our 2002  
UBR form; and we did not know that we must pay it annually.

As this happened against our will, we would like to ask you  
please wave the Reinstatement Fee, as I am sending you the amount  
of US\$ 150.00, plus the UBR 2002 completed Form. I would like to  
ask you to please consider this, and file these as soon as  
possible.

Once again, I would like to emphasize that our intention is  
to work in accordance with the State Laws, witch statutes we  
respect and honor.

If there is any other necessary information concerning this  
matter, please feel free to contact me. Thank you.

Sincerely,



GERSON RICARDO DIAS DE ALMEIDA  
President

R&M PROFESSIONAL SERVICE, INC.  
631 ANDERSON CIRCLE # 210  
DEERFIELD BEACH, FL 33441