

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90085 006 ***150.00

DOCUMENT # P00000051058

1. Entity Name
R & F MANAGEMENT GROUP INC.



Principal Place of Business
**2101 S.W. 4TH AVENUE
MIAMI FL 33129**

Mailing Address
**2101 S.W. 4TH AVENUE
MIAMI FL 33129**

2. Principal Place of Business
2501 Brickell Ave
Suite, Apt. #, etc.
508

3. Mailing Address
2501 Brickell Ave
Suite, Apt. #, etc.
508

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-1010446

Applied For
Not Applicable

Zip
33129 Country
Dade

Zip
33129 Country
Dade

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARIANA, RAQUEL
2101 S.W. 4TH AVENUE
MIAMI FL 33129**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARIANA, RAQUEL
2101 S.W. 4TH AVENUE
MIAMI FL 33129** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SOTO, FREDI
2101 S.W. 4TH AVENUE
MIAMI FL 33129** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

786-8974033

Date

Daytime Phone #

CR2E034 (10/02)