

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90099 037 ***150.00

DOCUMENT # P00000051576

1. Entity Name
R G S INTERNATIONAL CORP.

Principal Place of Business

8475 S.W. 94TH ST.
APT. 124E
MIAMI FL 33156

Mailing Address

8475 S.W. 94TH ST.
APT. 124E
MIAMI FL 33156

2. Principal Place of Business

12036 SW 15th St.

3. Mailing Address

12036 SW 15th St.

Suite, Apt. #, etc.

Pembroke Pines

City & State

FLORIDA

Zip

33025

Country

USA

Suite, Apt. #, etc.

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33025

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1011182

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELLOMO, ROBERTO F
8475 S.W. 94TH ST.
APT. 124E
MIAMI FL 33156

Name

Roberto F. Bellomo

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

12036 S.W. 15th St.

City

Pembroke Pines

FL

Zip Code

33025

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BELLOMO, ROBERTO F
8475 S.W. 94TH ST. APT. 124E
MIAMI FL 33156 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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☐ Delete

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☐ Delete

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

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

Date

Daytime Phone #

954-433-9271

CR2E034 (10/00)