

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90032 016 ***150.00

DOCUMENT # P00000059785

1. Entity Name
R.M. & SON EXPRESSIONS INC.

Principal Place of Business

2306 N.W. 7TH PL.
MIAMI FL 33127-4212

Mailing Address

2306 N.W. 7TH PL.
MIAMI FL 33127-4212

2. Principal Place of Business

2306 N.W. 7TH PL.

Suite, Apt. #, etc.

3. Mailing Address

2306 N.W. 7TH PL.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1019260

Applied For

Not Applicable

Zip

33127

Country

U.S.A.

Zip

33127

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, RAUL
2306 N.W. 7TH PL.
MIAMI FL 33127-4212

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/10/02

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	MARQUEZ, RAUL	
STREET ADDRESS	2306 N.W. 7TH PL.	
CITY-ST-ZIP	MIAMI FL 33127-4212	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARQUEZ, MARIA	
STREET ADDRESS	2306 N.W. 7TH PL.	
CITY-ST-ZIP	MIAMI FL 33127-4212	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 supplementing 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

01/10/02

Date

(305) 635-2909

Daytime Phone #

CR2E034 (9/01)