

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070648

1. Entity Name

RHE MANAGEMENT SERVICES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90358 050 ***150.00

Principal Place of Business

11532 SW 152 PLACE
MIAMI FL 33196

Mailing Address

11532 SW 152 PLACE
MIAMI FL 33196

2. Principal Place of Business

1800 W, 49th ST

3. Mailing Address

1800 W, 49th ST

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

HALEAH FL

City & State

HALEAH FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-1026242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOVAR, ILEANA ARIAS ESQ
9900 STIRLING ROAD SUITE 218
COOPER CITY FL 33024

7. Name and Address of New Registered Agent

Name

ELSA C. Rios

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

1800 W, 49th STREET

SUITE 301

City

HALEAH

FL

Zip Code

33012

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PADRON, HUMBERTO	
STREET ADDRESS	629 SILVER BIRCH PL	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	PADRON, ENRIQUE	
STREET ADDRESS	629 SILVER BIRCH PL	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	PADRON, RICARDO	
STREET ADDRESS	629 SILVER BIRCH PL	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIACQUADIO, SALVADOR	
STREET ADDRESS	713 CREEKWATER TERRACE #107	
CITY-ST-ZIP	LAKE MARY FL 32750	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	CELIS, FERNANDO	
STREET ADDRESS	1541 GOLFVIEW DRIVE WEST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLEDO, JORGE	
STREET ADDRESS	11532 SW 152ND PLACE	
CITY-ST-ZIP	MIAMI FL 33196	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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
NAME	
STREET ADDRESS	
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
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)