


FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91018 020 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000078073

1. Entity Name
R & R LUBRICANTS CORP.



10046781

Principal Place of Business 7356 NW 34 ST MIAMI, FL 33122	Mailing Address 7356 NW 34 ST MIAMI, FL 33122
---	---

2. Principal Place of Business 1800 SHADOW OAKS RD	3. Mailing Address 1800 SHADOW OAKS
Suite, Apt. #, etc.	Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State KISSIMMEE, FL	City & State KISSIMMEE, FL	4. FEI Number 65-1049120	Applied For <input type="checkbox"/> Not Applicable
Zip 34744	Country US	Zip 34744	Country US

6. Name and Address of Current Registered Agent SUAREZ, ENRIQUE 11446 NW 41 STREET CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name SUAREZ, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 1800 SHADOW OAKS RD City KISSIMMEE FL Zip Code 34744
--	--

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:  DATE: **3/13/2003**

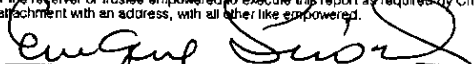
Signature, typed or printed name of registered agent and title 7 applicable. (NOTE: Registered Agent's signature required when withdrawing)

FILE NOW! FEE IS \$180.00
 After May 1, 2003 fee will be \$680.00
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME SUAREZ, ENRIQUE	TITLE PD	NAME SUAREZ, ENRIQUE
STREET ADDRESS 11446 N.W. 41 STREET		STREET ADDRESS 1800 SHADOW OAKS RD	
CITY-ST-ZIP CORAL SPRINGS, FL 33065		CITY-ST-ZIP KISSIMMEE, FL 34744	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME SUAREZ, JUAN R	TITLE VD	NAME SUAREZ, JUAN R
STREET ADDRESS 11446 N.W. 41 STREET		STREET ADDRESS 1800 SHADOW OAKS RD	
CITY-ST-ZIP CORAL SPRINGS, FL 33065		CITY-ST-ZIP KISSIMMEE, FL 34744	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employees.

SIGNATURE:  **President** 3-13-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dist Daytime Phone #

CR2E034 (10/02)