

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 00000078471**

1. Entity Name

**R6B HIGH TECH COMMUNICATIONS INC**



FILED

03 JUN -6 PM 2:41

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1384 NW 29TH ST.**

3. Mailing Address

**1384 NW 29TH ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-1033436**

Applied For

Not Applicable

Zip

**33142**

Country

**USA.**

Zip

**33142**

Country

**USA.**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**RUBEN BERNAL**

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

**1384 NW 29TH ST.**

City

**MIAMI**

**FL**

Zip Code

**33142**

**DO NOT WRITE  
IN THIS SPACE**

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

**R. Bernal**

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

(NOTE: Registered Agent signature required when reinstating)

**MAY 31 2003**

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<b>PRESIDENT</b>
NAME	<b>RUBEN BERNAL</b>
STREET ADDRESS	<b>1384 NW 29TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33142</b>
TITLE	<b>SECRETARY</b>
NAME	<b>ELIZABETH BERNAL</b>
STREET ADDRESS	<b>1384 NW 29TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33142</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**R. Bernal**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305 776 3685**

**MAY 31 2003**

CR2E034B (12/02)