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

DOCUMENT # P0000100822  1. Entity Name R. & E. AT HAINLIN MILL, INC.					Secretary of State 04-11-2003 90165 028 ***158.75	
Principal Place of Business  12632 SW 221 ST  MIAMI FL 33170  Miami FL 33170  Mailing Address  12632 SW 221 ST  MIAMI FL 33170						
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Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES	
City & Stat	n, FL	City & State	FL		4. FEI Number 65-1053075 Applied For Not Applicable	
33,7		33170	Country	A	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	
ROSADO, LEOCADIA E 12635 SW 221 ST				Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33170				City My a social FL Zip Code 170		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent anothic if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	PVPD ROSADO, RAFAEL 5333 COLLINS AVE #904 MIAMI FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	150	ado, Lexadia E. Change Addition la sur 2215t	
TITLE	,	☐ Delete	TITLE		Change Addition	
NAME  STREET ADDRESS  CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	<del>2</del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>	☐ Change ☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME	_	Change Addition	

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 trusted emotivered to exempt 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 a other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP