

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90120 041 ***150.00

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1. Entity Name
R.D.M. INVESTMENT HOLDINGS, CORP.



Principal Place of Business
**6549 SPRING BOTTOM WAY
BOCA RATON, FL 33433**

Mailing Address
**1876 N UNIVERSITY
#1010
PELHAM, FL 33322**

2. Principal Place of Business

3. Mailing Address
6549 SPRING BOTTOM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.
232

City & State

City & State
BOCA RATON FL

Zip

Country

Zip

33433

Country

P.R.C.

4. FEI Number

65-1047886

Applied For

Not Applicable

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

**PESTANO, ANTOLIN
7758 NW 44 ST
SUNRISE, FL 33361**

Name
ALVARO REYES

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

6549 SPRING BOTTOM WAY #232

BOCA RATON FL

33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when dissolving)

ALVARO REYES

04/30/03

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE	PD	☐ Delete
NAME	GUTIERREZ, GABRIEL	
STREET ADDRESS	6549 SPRING BOTTOM WAY	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VSD	☐ Delete
NAME	REYES, JULIO	
STREET ADDRESS	6549 SPRING BOTTOM WAY	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VD	☐ Delete
NAME	GUTIERREZ, JAIRO	
STREET ADDRESS	6549 SPRING BOTTOM WAY	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VD	☐ Delete
NAME	PATERNIA, ROGER	
STREET ADDRESS	6549 SPRING BOTTOM WAY	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 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

04/30/03

561-305-1605

Date

Daytime Phone #

CR2E034 (10/02)