

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90106 011 ***158.75

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DOCUMENT # P0000103365

1. Entity Name
R.R. TRANSPORT & INVESTMENTS, INC.



Principal Place of Business
**8 E MONTERREY
SCHAUMBURG IL 60193**

Mailing Address
**8 E MONTERREY
SCHAUMBURG IL 60193**



2. Principal Place of Business
235 WHIDAH, CT

3. Mailing Address
235 WHIDAH, CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
SCHAUMBURG, IL

City & State
SCHAUMBURG, IL

4. FEI Number
65-1053636

Applied For
Not Applicable

Zip
60194

Country
U.S.A.

Zip
60194

Country
USA

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

**TACHA, MARIA C
-15783 NW 10TH STREET
PEMBROKE PINES FL 33028**

Name

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

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 **Maria Cristina Tacha**

02-27-03

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

(NOTE: Registered Agent signature required when re-nesting)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **RUIZ, ALBERTO GERMAN**
STREET ADDRESS **235 whidah ct.**
CITY-ST-ZIP **SCHAUMBURG IL 60194**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **RUIZ, EDGAR**
STREET ADDRESS **372 Greystone ct. ci**
CITY-ST-ZIP **SCHAUMBURG IL 60193**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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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 REQUIRED**

02-27-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)