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FILED
Jun 11, 2003 8:00 am
Secretary of State
05-05-2003 90291 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000010502

1. Entity Name
REAL SOLUTIONS BUSINESS SERVICES, INC.

[redacted]

55047467

[redacted]

Principal Place of Business	Mailing Address
7120 SW 144TH CT. MIAMI, FL 33183	P.O BOX 5046 MIAMI, FL 33265

2. Principal Place of Business	3. Mailing Address
	7120 SW 144 Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami, FL
Zip / Country	Zip: 33183 / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1074860 ~~65-4881383~~ — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RODRIGUEZ, VERONICA
7120 SW 144TH CT.
MIAMI, FL 33183

7. Name and Address of New Registered Agent
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 ______________________ DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RODRIGUEZ, VERONICA 7120 SW 144TH CT. MIAMI, FL 33183 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 6/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #