

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90116 025 ***150.00

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DOCUMENT # P01000016266

1. Entity Name
R.F. AND SON, CORP.

Principal Place of Business

1844 NW 6TH ST.
MIAMI FL 33125

Mailing Address

1844 NW 6TH ST.
MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

12021 SW 185 ST

Suite, Apt. #, etc.

12021 SW 185 ST

City & State

Miami FL

City & State

Miami FL

Zip

Country

33177 USA

Zip

Country

33177 USA

4. FEI Number

65-1079842

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FUENTES, ROBERTO

1844 NW 6TH ST.
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

FUENTES ROBERTO

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

12021 SW 185 ST

City

Miami

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME FUENTES, ROBERTO
STREET ADDRESS 1844 NW 6TH ST.
CITY-ST-ZIP MIAMI FL 33125

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Fuentes, Roberto
STREET ADDRESS 12021 SW 185 ST
CITY-ST-ZIP Miami FL 33177

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/01)