

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 18, 2002 8:00 am  
Secretary of State

02-18-2002 90146 049 \*\*\*150.00

**DOCUMENT # P01000034972**

1. Entity Name

**R.S. BUSINESS ASSOCIATES, INC.**

Principal Place of Business

**1171 PALM AVE.  
HIALEAH FL 33010**

Mailing Address

**1171 PALM AVE.  
HIALEAH FL 33010**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1093225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

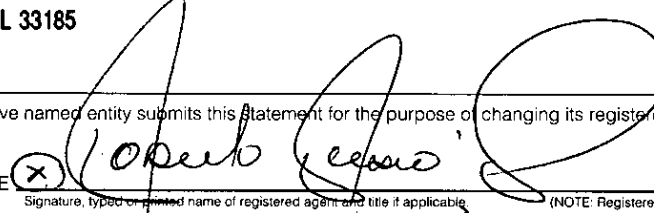
6. Name and Address of Current Registered Agent

**SPALLINA, GRACIELA M  
4240 SW 149TH PLACE  
MIAMI FL 33185**

7. Name and Address of New Registered Agent

Name **Roberto Rubio**  
Street Address (P.O. Box Number is Not Acceptable)  
**1251 Fairlake Trace Apt 410**  
City **Weston** FL Zip Code **33326**

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  (NOTE: Registered Agent signature required when reinstating)

**Roberto Rubio**

**1/31/02**

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐

**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 **D** ☒ Delete  
NAME **SPALLINA, GRACIELA M**  
STREET ADDRESS **4240 SW 149TH PLACE**  
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **D** ☐ Delete  
NAME **RUBIO, ROBERTO**  
STREET ADDRESS **4284 MAGNOLIA RIDGE DR.**  
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PVST** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1251 Fairlake Trace #410**  
CITY-ST-ZIP **Weston, FL 33326**

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

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

**1/31/02**

**(305)  
884-8355**

Date

Daytime Phone #

CP2E034 (9/01)