FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91236 010 ***150.00

DOCUMENT # P01000046097

1. Entity Name
R & M Investments of Miami Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1450 Madruga Ave	3. Mailing Address: 145 Madruga Ave
Suite, Apt. #, etc.: 302	Suite, Apt. #, etc.: 302
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: United States	Zip: 33146 Country: United States

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1128695 ☐ Applied For ☐ Not Applicable

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

7. **Name and Address of Current Registered Agent**

Name: Dennis R. Haber, P. A.
Street Address (P.O. Box Number Is Not Acceptable): 1450 Madruga Avenue
Suite 302
City: Coral Gables, FL Zip Code: 33146

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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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Sanchez, Richard
STREET ADDRESS	1450 Madruga Ave #302
CITY-ST-ZIP	Coral Gables, FL 33146

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/1/02 Daytime Phone #: (305) 274-3197