

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91901 036 ***150.00

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1. Entity Name
R M SYSTEMS SERVICES INC.



Principal Place of Business
6717 DOGWOOD DRIVE
MIRAMAR FL 33023

Mailing Address
1212 SW 2 ST.
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

17793 SW 35 CT

1212 SW 2 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miramar FL

City & State
Miami FL

Zip
33029

Country
USA

Zip
33135

Country
USA

4. FEI Number 65-1100415

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLA, RICARDO NELSON
6717 DOGWOOD DRIVE
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name Ricardo Nelson Milla
Street Address (P.O. Box Number is Not Acceptable)
17793 SW 35 Court
City Miramar FL Zip Code 33029

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/15/03

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

TITLE PVD
NAME MILLA, RICARDO NELSON
STREET ADDRESS 6717 DOGWOOD DRIVE
CITY-ST-ZIP MIRAMAR FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD
NAME Ricardo Nelson Milla
STREET ADDRESS 17793 SW 35 CT
CITY-ST-ZIP Miramar FL 33029

TITLE
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CITY-ST-ZIP

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NAME
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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)(f), 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: *Ricardo Milla*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/15/03 (305) 643-2482
Daytime Phone #

CR2E034 (10/02)