

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91881 025 ***150.00

DOCUMENT # P01000085772

1. Entity Name
RIMLESS SOLUTIONS, INC.



Principal Place of Business
**8080 SW 205 ST.
MIAMI FL 33109**

Mailing Address
**13250 SW 7TH COURT #317
PEMBROKE PINES FL 33027**

2. Principal Place of Business
8080 S.W. 205 St.

3. Mailing Address
8080 S.W. 205 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33109

Country
USA

Zip
33109

Country
USA

4. FEI Number
65-1153317 **APPLIED FOR**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JARAMILLO, NICOLAS
13250 SW 7TH COURT #317
PEMBROKE PINES FL 33027**

7. Name and Address of New Registered Agent

Name
URSULA M. TORRES
Street Address (P.O. Box Number is Not Acceptable)
3545 N.W. 98 St.
City **Miami** **FL** Zip Code
33147

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 *Ursula M. Torres*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **VD** ☐ Delete
NAME **MOLDONADO, ROBERT**
STREET ADDRESS **8080 SW 205 STREET**
CITY-ST-ZIP **MIAMI FL 33189**

TITLE **PD** ☐ Delete
NAME **JARAMILLO, RAUL**
STREET ADDRESS **13250 SW 7TH COURT #317**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
STREET ADDRESS
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)(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: *Raul Jaramillo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-03 305-971-5540

CR2E034 (10/02)