

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

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

05-13-2002 90146 032 ***150.00

DOCUMENT # P01000087380

1. Entity Name

R&A Solutions Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
277 Via Russo Ln.

3. Mailing Address
277 Via Russo Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Mary, FL

City & State
Lake Mary, FL

4. FEI Number
59-3756358

Applied For
Not Applicable

Zip
32746

Country
USA

Zip
32746

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Astrid Vellon, ESQ
Street Address (P.O. Box Number is Not Acceptable)
777 Deltona, FL

City
Deltona, FL **Zip Code**
32725

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
P/V/T
NAME
Ricardo Alvarez-Miranda
STREET ADDRESS
277 Via Russo Ln.
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
S/D/C/M
NAME
Arlene M. Vellon
STREET ADDRESS
277 Via Russo Ln.
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
Lake Mary FL 32746
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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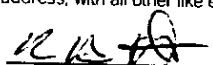
TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:  **Ricardo Alvarez-Miranda P/V/T**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/2002 407-829-3642
Date **Daytime Phone #**

CR2034B (12/01)