

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90097 015 ***158.75

DOCUMENT # P01000098384

1. Entity Name
R.S. DETAILS, INC.



Principal Place of Business
**344 MERIDIAN AVENUE
#3-D
MIAMI BEACH FL 33139**

Mailing Address
**344 MERIDIAN AVENUE
#3-D
MIAMI BEACH FL 33139**

2. Principal Place of Business
344 MERIDIAN AVENUE

3. Mailing Address

Suite, Apt. #, etc.
#3-D

Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL.

City & State

Zip
33139

Country
DADE

Zip

Country

4. FEI Number **65-1142543**

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

7. Name and Address of New Registered Agent

**SIRES, ROBERT
344 MERIDIAN AVE, #3-D
MIAMI BEACH FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robert L. Sires

D

Jan. 23, 03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SIRES, ROBERT**
STREET ADDRESS **344 MERIDIAN AVE, #3-D**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **M** ☐ Change ☒ Addition
NAME **NELSON, BETANCUR**
STREET ADDRESS **1200 WEST AVE. #1603**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 lines empowered.

SIGNATURE:

Robert L. Sires

D

Jan 23, 03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)