

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90048 023 ***150.00

DOCUMENT # P01000099078



1. Entity Name
R.M.B. FIRE PROTECTION SYSTEMS, INC.

Principal Place of Business
**701 EAST 24 STREET
HIALEAH FL 33013**

Mailing Address
**701 EAST 24 STREET
HIALEAH FL 33013**



2. Principal Place of Business

701 E 24 ST

3. Mailing Address

701 E 24 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah

City & State

H/a Florida

Zip

Country

33013

Zip

Country

33013

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **26-0009431**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEMPRANA-BOCANEGRA, JENNIE
701 EAST 24 STREET
HIALEAH FL 33013**

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

Jennie Tempрана-Bocanegra

Jennie Tempрана-Bocanegra

4/1/03

(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 11

TITLE **PD** ☐ Delete
NAME **TEMPRANA-BOCANEGRA, JENNIE**
STREET ADDRESS **701 E 24 ST**
CITY-ST-ZIP **HIALEAH FL 33013**

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

TITLE **V** ☐ Delete
NAME **BOCANEGRA, RAIMUNDO**
STREET ADDRESS **701 E 24 ST.**
CITY-ST-ZIP **HIALEAH FL 33013**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

Jennie Tempрана-Bocanegra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 805-691-7173

Date

Daytime Phone #

CR2E034 (10/02)