

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

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90050 045 ***150.00

DOCUMENT # P02000018147

1. Entity Name
RINMONT HEALTH ENVIRONMENTAL SOLUTION, INC.



Principal Place of Business
**7803 SW 88 STREET
#F-305
MIAMI FL 33156**

Mailing Address
**7803 SW 88 STREET
#F-305
MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0391336

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, YOLANDA
9872 HAMMOCKS BLVD. #104
MIAMI FL 33196**

7. Name and Address of New Registered Agent

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 _____
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 ☐ Delete
NAME **PSD**
STREET ADDRESS **RINCON, ALFONSO J**
CITY-ST-ZIP **9872 HAMMOCKS BLVD. #104**
MIAMI FL 33196

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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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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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/29/03

CR2E034 (10/02)

Attachment
90133606
902000018147

Miami May 7, 2003

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, Fl. 32302-1500

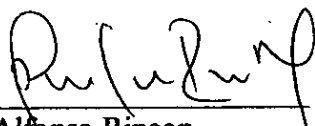
Rinmont Health Enviromental Solution Inc.
9872 Hammocks Blvd. #104
Miami, Fl. 33196
03-0391336
UBR 2003

To Whom It May Concern:

Enclosed please find the UBR 2003 and the filling fee of \$150.00. At this time I would like for you to please waive the penalty fee due to the fact that I was out of town and I just returned to find out the UBR had not been paid.

Thank you for your cooperation and please excuse the inconvenience.

Regards,


Alfonso Rincon
Tax payer