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

## DOCUMENT # P02000058478

1. Entity Name

R & M WEB STUDIO, INC.



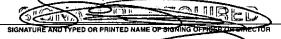
## FILED Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90085 032 \*\*\*150.00

Principal Place of Business 7453 W 22ND AVE STE 201 HIALEAH FL 33016			7453	Mailing Address 7453 W 22ND AVE STE 201 HIALEAH FL 33016									
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4.	FEI Number 1434	-24	1 <del>111</del> -	plied For	}	
Zip	Country			Zip Coun			5.	Certificate of Status Desired		8.75 Add			
6. Name and Address of Current R				egistered Agent			7. Name and Address of New Registered Agent						
LENZ, MAYERLY 7453 W 22ND AVE STE 201				···:	*.	Name Street Add	ress (P.O. E	Box Number is Not Acceptable	>)				
HIALEAH FL 33016													
									FL	Zip Code	_	1	
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 age	nt and title if app	olicable. (NOTE.	: Registered	d Agent signature	required when r	reinstating)	DATE		<del></del>		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of				State			ِ مسيدست	9. Election Campaign Fir Trust Fund Contributio			O May Be- to Fees	- - - - -	
10.		OFFICERS AN	D DIRECTO	RS	11.		Αſ	ODITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	]_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENZ, MAYERLEY 7453 W 22ND AVE STE 201 HIALEAH FL 33016			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	F034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSELLI, RUTH A 7720 SW 19TH ST MIAMI FL 33155			☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	CRO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2) 3		☐ Delete						☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	☐ Delete						☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I		Andrew Control of the	, <u> </u>	☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	andib, short M		th this files	Delete	CITY	ET ADDRESS -ST-ZIP	In Section	119 07(3)(i) Florida Statutes.		☐ Change	Addition		

12. I hereby certify that the information supplied with this filing does not quality 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:



13 786-344-201