

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90239 014 \*\*\*150.00

**DOCUMENT # P02000069128**

1. Entity Name  
**R.R. DEVELOPMENT CORP.**



Principal Place of Business  
**7935 W. 29TH WAY, #102  
HIALEAH FL 33018**

Mailing Address  
**7935 W. 29TH WAY, #102  
HIALEAH FL 33018**



2. Principal Place of Business  
**8004 NW 154th ST  
Suite, Apt. #, etc.  
# 199**

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI LAKES FL**

City & State

4. FEI Number  
**04-3095330**

Applied For  
Not Applicable

Zip  
**33016**

Country  
**USA**

Zip Country

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

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

Name **Jesus Rua**  
Street Address (P.O. Box Number is Not Acceptable)  
**8004 NW 154th ST # 199**  
City **MIAMI LAKES FL** Zip Code **33016**

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 **Jesus Rua**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/18/03**  
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 **RUA, JESUS**  
STREET ADDRESS **7935 W. 29TH WAY, #102**  
CITY-ST-ZIP **HIALEAH FL 33018**

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

TITLE **VSTD** ☒ Delete  
NAME **REDONDO-RUA, ALICIA**  
STREET ADDRESS **7935 W. 29TH WAY, #102**  
CITY-ST-ZIP **HIALEAH FL 33018**

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

TITLE **PD** ☐ Delete  
NAME **RUA, JESUS**  
STREET ADDRESS **8004 NW 154th ST #199**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

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

TITLE **VSTD** ☐ Delete  
NAME **REDONDO-RUA, ALICIA**  
STREET ADDRESS **8004 NW 154th ST #199**  
CITY-ST-ZIP **MIAMI LAKES FL 33016**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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: **Jesus Rua**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/03** **305-557-1360**  
Date Daytime Phone #

CR2E034 (10/02)