

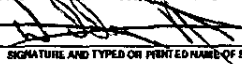
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000106619			
1. Entity Name RAB SERVICES INC.			
Principal Place of Business 3967 S.W. 139TH AVE DAVIE, FL 33330		Mailing Address 3967 S.W. 139TH AVE DAVIE, FL 33330	
2. Principal Place of Business 2157 OPA LOCKA BLVD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State OPA LOCKA FL		City & State	
Zip 33054	Country Dade	Zip	Country
4. FEI Number 75-3086478		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSTIC, JAMES A 3967 S.W. 139 AVE DAVIE, FL 33330		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agents (signature required when registering)	
FILED NOVEMBER 19, 2003 DAVIE, FLORIDA DAVIE, FLORIDA DAVIE, FLORIDA		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 NAME STREET ADDRESS CITY-ST-ZIP	PT ROBINSON, WILLIAM 3967 SW 139 AVE. DAVIE, FL 33330	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BOSTIC, JAMES A 3467 SW 139 AVE. DAVIE, FL 33330	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE 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.		400023365724 09/26/03--01070--004 **61.25	
SIGNATURE: 		9-22-03 954/483-7123	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CH2E034 (10/02)

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