

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

FILED

04 MAR 16 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000135531

1. Entity Name

RM FULLER CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2750 NORTH 29th AVENUE

3. Mailing Address

THE SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

114 B

City & State

City & State

HOLLYWOOD, FLORIDA

Zip

Country

Zip

Country

33020

4. FEI Number

65-1166449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City

MIAMI

FL

Zip Code

33145

**DO NOT WRITE
IN THIS SPACE**

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.

SPiegel & UTRERA, P.A.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

BY: NATALIA UTRERA, VICE-PRESIDENT 3/10/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PSTD
RODNEY MICHAEL FULLER
9021 NW 21st ST, PEMBROKE PINES, FL 33027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

900030932279
03/23/04--01070--009 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

315/04

954-559-1522

954-430-9574

CR2E034B (12/02)