

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

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90005 016 ***150.00

DOCUMENT # P03000129060

Entity Name

R.S. & J.M. INVESTMENT, CORP.

DO NOT WRITE IN THIS SPACE

44046029

2. Principal Place of Business
1055 East 41st Street

3. Mailing Address
18750 N.W. 5th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah Florida 33013

City & State
Pembroke Pines Florida

4. FEI Number 83-0375846

Applied For

Not Applicable

Zip 33013 Country USA

Zip 33029 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SICARDI, RAUL

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

18750 N.W. 5th Street

City Pembroke Pines FL Zip Code 33029

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME SICARDI, RAUL
STREET ADDRESS 18750 NW 5 St
CITY-ST-ZIP Pembroke Pines FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP
NAME SICARDI, HELEN
STREET ADDRESS 18750 NW 5 St
CITY-ST-ZIP Pembroke Pines FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DTS
NAME MAGDALENO, JOSE
STREET ADDRESS 19209 East Lake Drive
CITY-ST-ZIP Hialeah FL 33015

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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 (305) 685-7118
Date Daytime Phone #

CR2EN34R (12/01)

Attachment

903000129060

44046029

Helping Florida



FLSDU

one family at a time.

STATE OF FLORIDA DISBURSEMENT UNIT

P.O. Box 8500, Tallahassee, Florida 32314

Dear Payer:

We are returning the enclosed check(s) for one or more of the following reasons:

- ☐ Payments must be made payable to the FLSDU or the Clerk of the Court. Please prepare a new payment to the correct payee and return to the address listed below.
- ☒ The check was sent to this office in error.
- ☐ The check is defective and cannot be processed because: _____
- ☐ There was not enough information provided to ensure that the payment(s) is posted to the correct account(s). Please note: since there are duplicate case numbers in the state of Florida, you must provide the payer name, social security number, Florida case number and county code or county name. If the check represents payment to multiple cases, this information must be provided for each case. Be sure to include the amount for each case. Once this information has been added to the check, please return it to the address listed below.
- ☐ The check appears to represent payments to multiple accounts. However, the total of the check does not balance to the total payments. Please correct the accounts and/or amounts or issue another check for the total of the payments. Send the corrected information to the address listed below.
- ☐ The check appears to represent payments to multiple accounts. However, there is no amount breakdown provided for each account. Please provide the amount breakdown on the check and return it to the address listed below.
- ☐ The case information provided is for a child support case that has been closed.
- ☐ Sorry, we have tried to contact you by phone, but were not able. Please correct the needed information and return for processing. (see other below)
- ☐ Other _____

Should you need more information about your child support case(s), please contact the Clerk of the Court for the county where your case was filed.

Thank you for your attention to this matter.

Florida State Disbursement Unit
P. O. Box 8500
Tallahassee, FL 32314

Attachment

PO 3000 129060

44046029

Professional Accounting & Tax Inc.

4605 East 4th Avenue, Hialeah, Florida 33013

Phone: (305) 362-9139

Fax: (305) 681-6779

May 20 Of 2004.

Division of Corporations
Annual Report Section
Tallahassee Florida

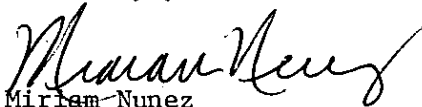
Gentlemen:

Reference is made to corporation: "Annual Reports" of our clients sent to the division for filing, and return back to our clients, because it was sent to incorrect address.

Our company sent all annual reports of our clients for filing, and these six were delivered back, because of wrong delivery; probably it was deposited incorrectly because all others sent wich are more than two hundred had no problem at all, please help us with this situation.

Any assistance in reference to these corporation filing reports will be appreciated, please inform us at respect.

Sincerely yours,



Miriam Nunez
Accountant