

2005 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P04000100675

1. Entity Name

R.G.V.H., CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

200 NW 145 ST

Suite, Apt. #, etc.

3. Mailing Address

same as principal

Suite, Apt. #, etc.

City & State  
 Miami, FL

City & State

Zip  
 33168

Country  
 USA

Zip

Country

4. FEI Number

20-1336724

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

RAMON G. HERNANDEZ

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

200 NW 145 ST

City

Miami

FL

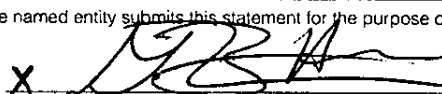
Zip Code

33168

**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.

SIGNATURE



RAMON G. HERNANDEZ

1/13/05

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. ☐

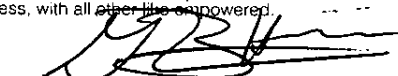
\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HERNANDEZ, RAMON G. 200 NW 145 ST Miami, FL. 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, AMPARO D. 200 NW 145 ST Miami, FL. 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENDOZA, ROLANDO J. 200 NW 145 ST Miami, FL. 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE                  IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700045552677 01/28/05--01011--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 filers empowered.

SIGNATURE: X



RAMON G. HERNANDEZ 1/13/05 786-344-0034

FILED  
 05 JAN 18 PM 2:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA