

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014067

1. Entity Name

R & R HOLDINGS MANAGEMENT, INC.

Principal Place of Business

1701 NW 62ND STREET  
FORT LAUDERDALE FL 33309  
US

Mailing Address

1701 NW 62ND STREET  
FORT LAUDERDALE FL 33309  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **65-0401440**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETRUCCI, ROBERT H  
1701 NW 62NS ST  
FT LAUDERDALE FL 33309

Name

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

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.

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)

**FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME PETRUCCI, ROBERT H  
STREET ADDRESS 1500 SW 5TH CT #10-G  
CITY-ST-ZIP POMPANO BEACH FL 33069

Delete

TITLE PD  
NAME Petrucci, Robert  
STREET ADDRESS 2941 NW 112 AVE  
CITY-ST-ZIP Coral Springs 33065

Change  Addition

TITLE PD  
NAME BONOPANE, RICHARD A  
STREET ADDRESS 1500 SW 5TH CT #10-G  
CITY-ST-ZIP POMPANO BEACH FL 33069

Delete

TITLE PD  
NAME Bonopane Richard  
STREET ADDRESS 952 SE 9th AVE  
CITY-ST-ZIP Pompano Bch 33060

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.A. Bonopane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/01

954 772-2333

Date

Daytime Phone #

1250371

CR2E034 (10/04)