

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014067

1. Entity Name

R & R HOLDINGS MANAGEMENT, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90383 044 ***150.00

Principal Place of Business

1701 NW 62ND STREET
FORT LAUDERDALE FL 33309
US

Mailing Address

1701 NW 62ND STREET
FORT LAUDERDALE FL 33309
US

620607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New 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

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CITY-ST-ZIP ☐ Delete

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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

2/2/01
Date

954 772-2333
Daytime Phone #

CR2E034 (10/00)