

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

02-17-2003 90192 013 01.25
FILED P94000021175

03 FEB 19 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90028938

DOCUMENT # *P94000021175*
1. Entity Name *R & R APPLIANCE AND AIR
CONDITIONING*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8071 W. 21 COURT
Suite, Apt. #, etc.

3. Mailing Address
8071 W 21 COURT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIALEAH, FL

City & State
HIALEAH, FL

4. FEI Number
650478713

Applied For
Not Applicable

Zip Country
33016 USA

Zip Country
33016 USA

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 *RUBELIO H. TORGE*

Street Address (P.O. Box Number is Not Acceptable)
8071 W. 21 COURT

City *HIALEAH* FL Zip Code *33016*

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.

SIGNATURE *Ignacio A. PALACIO*
Signature, typed or printed name of registered agent and title if applicable.

DATE *JAN. 10, 2003*

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

10. OFFICERS AND DIRECTORS

TITLE	<i>P</i>
NAME	<i>RUBELIO H. TORGE</i>
STREET ADDRESS	<i>8071 W 21 COURT</i>
CITY-ST-ZIP	<i>HIALEAH, FL 33016</i>
TITLE	<i>VP</i>
NAME	<i>RAFAEL V. TORGE</i>
STREET ADDRESS	<i>7685 MIRAMAR BLVD.</i>
CITY-ST-ZIP	<i>MIRAMAR, FL 33023</i>
TITLE	<i>QUALIFIER</i>
NAME	<i>IGNACIO A. PALACIO</i>
STREET ADDRESS	<i>10453 SW 21 TERRACE</i>
CITY-ST-ZIP	<i>MIAMI, FL 33165</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 or other like empowered.

SIGNATURE: *Rubelio H. Torge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *01-10-03* (305) 822-6833
Date Daytime Phone #

CR2ED34B (12/02)