

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026051

1. Entity Name

R & D INTERNATIONAL, INC.

Principal Place of Business

407 LINCOLN RD
#12C
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN RD
#12C
MIAMI BEACH FL 33134-4200

2. Principal Place of Business

2151 Le Jeune Road

3. Mailing Address

2151 Le Jeune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

306

306

City & State

Coral Gables, Fl

City & State

Coral Gables, Fl

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0489359

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

FERRARI, JOAO A
407 LINCOLN RD
#12C
MIAMI BEACH FL 33139

Name

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

2151 LE JEUNE ROAD

SUITE 306

City

CORAL GABLES

FL

Zip Code

33134

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

ARTUR FERRARI - PRESIDENT

04/10/00

(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. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 ☐ Delete
NAME P
STREET ADDRESS FERRARI, JOAO A
CITY-ST-ZIP 801 N VENETIAN DR #205
MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT / ARTUR

FERRARI

04/10/00

Date

305 447 0008

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90074 025 ***150.00



DO NOT WRITE IN THIS SPACE