1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000032622**

R.B. BOOKKEEPING SERVICES, INC.

								11010 HZI 1001
Principal Place	e of Business	Mailing Addre	ess	•				
10790 NW 14TH	1 STREET	10790 NW 147	TH STREET					
APT. 184 APT. 184					BO NOT	DO NOT WIDITE IN THIS SDACE		
PLANTATION FL 33322 PLANTATION FL 33322		FL 33322		DO NOT WRITE IN THIS SPACE				
					3.' Date Incorporated or Qua 04/28/1994	lited		
2. Principal Pl	lace of Business	2a. Mailing A	ddress		4. FEI Number		App	plied For
21		26			65-0487297		Not	t Applicable
Suite, Apt. i	#, etc.	Suite, Ap	t. #, etc.		5. Certifcate of Status Desire	ed 🗆	\$8.75 A	I .
22		27			5. Certificate of Status Desire	30 [_]	Fee Re	quired
City & State	e	City & St	ate		6. Election Campaign Finance	cing	\$5.00	May Be
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip		Country	8. This corporation owes the	current year Inta	ingible	
24	25	29	30		Personal Property Tax.		☐ Yes	□No
2		of Current Registered Age	nt	<u> </u>	10. Name and Address of N	lew Registered A	Agent	
				81 Name				
BAD/	alati, rosalie			00 50000		acatable)		,
11171 SW 10TH PL				82 Street	Address (P.O. Box Number is Not Address (P.O. XV V / 4 S	FIRMA	184	/
DAVI	I <del>E-FL-33324-</del>			83	70 71 5	.L		
							_, _	
				84 Çity, _	1 1	EI	85  Zip C	ode
				1 10		r the numbers of	changing its	registered
office or re	agistored agent or both in t	the State of Florida, Such C	hange was auth	ionzea by the corbo	corporation submits this statement for ration's board of directors. I hereby	accept the appoir	itment as req	gistered
agent. I at	m familiar with, and accept t	the obligations of, Section 6	07.0505, Florida	a Statutés.				
OLONIATURE.								ł
								\
SIGNATURE	Signature, typed or printed name of re		(NOTE: Re	gistered Agent signature re		DATE	D DIDEOTO	DO 194 40
12.		CERS AND DIRECTORS		13.	quired when reinstating) ADDITIONS/CHANGES TO			
		CERS AND DIRECTORS	(NOTE: Re				D DIRECTO Change	RS IN 12
12.	D BADALATI, ROSALIE	CERS AND DIRECTORS	] DELETE	13.				
12.	D BADALATI BOSALIF	CERS AND DIRECTORS	DELETE	13. 1.1 TITLE				
12. TITLE NAME STREET ADDRESS	D BADALATI, ROSALIE	CERS AND DIRECTORS	] DELETE	13. 1.1 TITLE 12 NAME				Addition
12. TITLE NAME	D BADALATI, ROSALIE 11171 SW 10TH PL	CERS AND DIRECTORS  0790 NW 14 St	DELETE	13. 1.1 TITLE 1 2 NAME 1.3 STREET ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BADALATI, ROSALIE 11171 SW 10TH PL	CERS AND DIRECTORS  0790 NW 14 St	DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BADALATI, ROSALIE 11171 SW 10TH PL	CERS AND DIRECTORS  0790 NW 14 St	DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE			☐ Change	☐ Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D BADALATI, ROSALIE 11171 SW 10TH PL	OTGONWIYST	DELETE  DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.6 CITY-ST-ZIP 5.7 STREET ADDRESS 5.6 CITY-ST-ZIP 5.7 STREET ADDRESS			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** Feb 23, 1999 8:00 am

Secretary of State

02-23-1999 90085 005 \*\*\*150.00