

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90206 022 ***150.00

DOCUMENT # P94000090570

1. Entity Name

R & R INTERNATIONAL GROUP, INC.



Principal Place of Business
% ALESSANDRO ZERBONE
1800 N.E. 114TH ST., #2310
MIAMI FL 33181

Mailing Address
% ALESSANDRO ZERBONE
1800 N.E. 114TH ST., #2310
MIAMI FL 33181

2. Principal Place of Business

4343 W. FLAGLER ST

Suite, Apt. #, etc.

505

City & State

MIAMI, FL

Zip

33134

Country

USA

3. Mailing Address

4343 W. FLAGLER ST

Suite, Apt. #, etc.

505

City & State

MIAMI, FL

Zip

33134

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0544065

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZERBONE, ALESSANDRO

1800 N.E. 114TH ST. 4343 W. FLAGLER ST

#2310- 505

MIAMI FL 33181 MIAMI, FL 33134

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ZERBONE, ALESSANDRO**
STREET ADDRESS **1800 N.E. 114TH ST., #2310**
CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALESSANDRO ZERBONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 3054613244

Date

Daytime Phone #

CR2E034 (10/02)