

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009793

1. Entity Name  
RAPID MEDICAL SERVICES INC.

Principal Place of Business  
1751 W. 38 PL.  
#1004A  
HIALEAH FL 33012

Mailing Address  
1751 W. 38 PL.  
#1004A  
HIALEAH FL 33012

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country Zip Country

City & State  
Zip Country Zip Country

4. FEI Number  
**65-0553190**  
Applied For  
Not Applicable

5. Certificate of Status Desired  
 **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**REBENGA, RAUL**  
**3484 TORREMOLINOS AVE.**  
**MIAMI FL 33178**

## 7. Name and Address of New Registered Agent

Name **REBENGA, RAUL**  
Street Address (P.O. Box Number is Not Acceptable)  
**1751 W. 38 PL. #1004A.**

City **HIALEAH** FL **33012** 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 **1/30/02**

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, 2002 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 **CEO**  
NAME **REBENGA, RAUL**  
STREET ADDRESS **3484 TORREMOLINOS AVE.**  
CITY-ST-ZIP **MIAMI FL 33178**

Delete

TITLE **CEO**  
NAME **REBENGA, RAUL**  
STREET ADDRESS **1751 W. 38TH PL. #1004A**  
CITY-ST-ZIP **HIALEAH, FL. 33012**

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

Change

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CITY-ST-ZIP

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CITY-ST-ZIP

Change

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CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

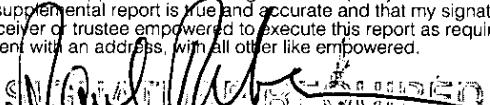
Delete

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/02 (305)512-9700**

Date

Daytime Phone #

CR2E034 (9/01)