

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/24/2003-90118-029-\$150.00-\$150.00


SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP -2 AM 8:00

0040695 AV

**DOCUMENT #** P95000025391

1. Entity Name  
VRINDAVAN R.M.V., INC.



Principal Place of Business  
888 BRICKELL KEY DRIVE  
APT. 1101  
MIAMI FL 33131-2664  
US

Mailing Address  
888 BRICKELL KEY DRIVE  
APT. 1101  
MIAMI FL 33131-2664  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 65-0568025

Applied For  
☐ Not Applicable

Zip Country

Zip Country

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

FALCONI, RAFAEL A  
888 BRICKELL KEY DRIVE  
APT. 1101  
MIAMI FL 33131-2664

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 *Rafael A Falconi* DATE 7-15-03

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALCONI, RAFAEL A 888 BRICKELL KEY DR. APT 1101 MIAMI FL 33131-2664 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rafael A Falconi* DATE 7-15-03 (305) 7746233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR02034 (4/03)

VRINDAVAN R.M.V., INC  
888 BRICKELL KEY DRIVE, #1101  
MIAMI, FL 33131

August 22, 2003

Florida Department of State  
Divisions of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

---

To Whom It May Concern:

As per my recent telephone conversation with one of your representatives, I was advised to send you another written request to please waive the \$400.00 late fee that was applied to my account. I understand that my previous correspondence to you was displaced and that you would require another letter requesting to waive the fees. The reason we were late was because we did not receive ( [REDACTED] ) the annual/uniform business report that is mailed out early in the year. We rely on receiving this form to remind us to file. Since this has occurred, we will, going forward, make certain that the report gets filed in a timely manner, regardless. Your understanding and approval to waive the late fee is greatly appreciated.

If you have any questions, please feel free to contact me at (305) 205-8197 at your earliest convenience.

Very truly yours,

  
Rafael Falconi