

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90201 015 ***150.00

DOCUMENT # 95000048848

1. Entity Name

R M Services & Suppliers Corp.

Principal Place of Business

1900 Coral Way
 Suite 404
 Miami, FL 33145

Mailing Address

1900 Coral Way
 Suite 404
 Miami, FL 33145

2. Principal Place of Business

6785 S.W. 8th Street

3. Mailing Address

6785 S.W. 8th Street

City, Apt # etc

Miami, Florida

Suite, Apt # etc

Miami, Florida

City & State

33144

City & State

33144

Zip

Country

Zip

Country

4. FE Number

65-0593784

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

C0074685

6. Name and Address of Current Registered Agent

Rodriguez, Orlando
 4231 Southwest 5th Terrace
 Miami, FL 33134

7. Name and Address of New Registered Agent

Name Douglas J. Jeffrey, Esq.

Street Address (P.O. Box Number is Not Acceptable)
 c/o Panza, Maurer & Maynard, P.A.
 3600 N. Federal Highway, 3rd Floor

City Fort Lauderdale

FL

Zip Code 33308

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

Douglas J. Jeffrey, Esq.

July 18, 2001

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

(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.
 (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001: 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	Rodriguez Jr., Orlando	
STREET ADDRESS	8735 NW 153rd Terrace	
CITY-ST-ZIP	Miami, FL 33018	
TITLE	STD	<input type="checkbox"/> Delete
NAME	Rodriguez, Andres	
STREET ADDRESS	4231 S.W. 5th Terrace	
CITY-ST-ZIP	Miami, FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Choy, Noely	
STREET ADDRESS	12440 SW 11th Terrace	
CITY-ST-ZIP	Miami, FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Andres	
STREET ADDRESS	815 Mandalay Avenue	
CITY-ST-ZIP	Clearwater Beach, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

President, Orlando Rodriguez Jr. July 18, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 267-2816

Document Number

Attachment Doc# P950000048848
C6074685

PANZA, MAURER & MAYNARD, P. A.

ATTORNEYS AND COUNSELORS AT LAW

BANK OF AMERICA BUILDING

THIRD FLOOR

3600 NORTH FEDERAL HIGHWAY

FORT LAUDERDALE, FLORIDA 33308-6225

TELEPHONE (954) 390-0100

FAX (954) 390-7991

mail@PanzaMaurer.com

PLEASE REPLY TO
FORT LAUDERDALE OFFICE

THOMAS F. PANZA
SUSAN HOROVITZ MAURER
ZOLLIE M. MAYNARD, JR.
MARK ANTHONY EMANUELE
JULIEANN ALLISON
MARK A. HENDRICKS

DANIEL R. BURKE
LYDIA B. CHAMBERLIN
DOMENICA L. FRASCA
JENNIFER KUJAWA GRANER
DOUGLAS J. JEFFREY
MICHAEL H. JOHNSON
DEBORAH F. RUGG
MELISSA NEGRON
DEBORAH SUSAN PLATZ
ALLEN A. WOLINSKY
JONATHAN A. YELLIN

TALLAHASSEE OFFICE
215 SOUTH MONROE STREET
SUITE 320
TALLAHASSEE, FLORIDA 32301
(850) 681-0980
FAX (850) 681-0983

OF COUNSEL
LAURENCE MAURER

GOVERNMENTAL RELATIONS
KIMBERLY GUENTHER
SANDRA S. HARRIS
NOT MEMBERS OF FLA BAR

July 27, 2001

Division of Corporations
Attention: Annual Report
P.O. Box 6327
Tallahassee, Florida 32314

Re: R M Services & Supplies Corp.

Dear Sir or Madam:

Please allow this correspondence to confirm that I have recently spoken with Cathy from your office regarding My client, R M Services & Supplies Corporation. R M Services and Supplies Corporation is a small, family owned and operated business which has been conducting business as a Florida Corporation since 1995. This year, it did not timely file its annual for the first time since its inception, and I wanted to bring to your attention some mitigating circumstances, and based on those circumstances, I would respectfully request a one time waiver of the \$550.00 late fee. The President and Director, who received the mail, recently passed away after a long struggle with a terminal illness, and I have laid out the facts below for your review and consideration.

R M Services & Supplies Corporation was operating out of its Miami location at 1900 Coral Way, Suite 404; it now operates at a new address. At that time, Orlando Rodriguez resided at 4231 Southwest 5th Terrace, Miami, and he was the president and a director, as well as the registered agent and recipient of all corporate documents. His social security number is 593-53-9791. Unfortunately, Mr. Rodriguez passed away on June 20, 2001, as evidenced by the copy of the enclosed death certificate. He had been ill for some time prior to his passing, and the day-to-day affairs of the business was being handled by Andres Rodriguez, Orlando Rodriguez Junior, and Noely Choy. Andres Rodriguez, one of his sons and a director of the corporation, lives on the West Coast of Florida. Accordingly, nobody was aware that Orlando Rodriguez had not had filed the annual report.

This July I was retained by Orlando Rodriguez Junior, Mr. Rodriguez's other son, to perform work on his behalf. This July I filed an amendment with the division of corporations reflecting the directors' intent to place him as President; after acquiring certified copies of the company's records,

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C10074685

Division of Corporations

July 27, 2001

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it became apparent that no annual report had been filed, which I confirmed. My client is taking immediate action to remedy this situation by filing our annual report at this time.

Based on the foregoing, I respectfully request that your office grant a one time waiver to R M Services & Supplies Corporation, and accept the original \$150.00 filing fee in lieu of the \$550.00 late fee.

Please do not hesitate to contact me if you have any questions, comments or concerns regarding the foregoing.

Very truly yours,



DOUGLAS J. JEFFREY

DJJ/rr

Enclosure

F:\CLIENT\1119\01-14339\LETTERS\CORP3.DIV

Attachment Doc# P95000048848 - CDD74185

1 DATE OF DEATH (Month, Day, Year) June 20, 2001		4 SOCIAL SECURITY NUMBER 593-53-9791		5a AGE (at death) 59	5b UNDER 1 YEAR <input type="checkbox"/> Months	5c UNDER 1 YEAR <input type="checkbox"/> Months
6 DATE OF BIRTH (Month, Day, Year) June 27, 1941		7 BIRTHPLACE (City and State or Foreign Country) Cuba		8 WINE DECEDENT EVER IN U.S. ARMY (FORGET THE WRITE) No		
9a PLACE OF DEATH (Check only one: see instructions on other side) <input type="checkbox"/> HOME <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER		9b FACILITY NAME (If not institution, give street and number) 4231 S.W. 5th Terrace		9c CITY, TOWN OR LOCATION OF DEATH Miami		9d COUNTY OF DEATH Miami-Dade
10a DECEASED'S USUAL OCCUPATION Sales Agent		10b KIND OF BUSINESS/INDUSTRY SALES		11 MARITAL STATUS - Married, Single, Widowed, Divorced (Specify)		
12a DECEASED'S USUAL RESIDENCE (If not, give monthly residence) 4231 S.W. 5th Terrace		12b PLACE - American Indian, Black, White, etc. White		13 DECEASED'S EDUCATION (Already only highest grade completed) High School		
14 FATHER'S NAME (First, Middle, Last) Andrew Rodriguez		15 MOTHER'S NAME (First, Middle, Last) María Luisa Ferrer		16 MOTHER'S NAME (First, Middle, Last) María Luisa Ferrer		
17a DECEASED'S NAME (First, Middle, Last) Ubaldo Rodriguez		17b PLACE OF DEPOSITION (Place of capture, custody, or other place) 8735 N.W. 153rd Terrace, Miami, Florida 33018		18 LOCATION - City or Town, State		
19a METHOD OF DISPOSITION 2 Burial - Cremation - Replaced from State		19b PLACE OF DEPOSITION (Place of capture, custody, or other place) Flagler Memorial Park		19c LOCATION - City or Town, State Miami, Florida		
20a LICENSE NUMBER OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Ubaldo Rodriguez		20b LICENSE NUMBER 2804		20c NAME AND ADDRESS OF FACILITY Funeraria Memorial Plan-Flagler 2690 West Flagler Street, Miami, FL 33135		
21a DATE OF DEATH 6-21-01		21b HOUR OF DEATH 9:45 P.M.		22a DATE BORN (MM, DD, YY) 6-27-41		
23a NAME OF ATTENDING PHYSICIAN (If other than certifier, type or print) Peter V. Choy, M.D.		23b ADDRESS OF CERTIFIER (Physician, Medical Examiner, Type or Print) 3661 South Miami Avenue Suite 606, Miami, Florida 33133		24a LOCAL REGISTRAR - SIGNATURE Thomas Dorian		
24b DATE REGISTERED 6/22/01		24c LOCAL REGISTRAR - SIGNATURE Thomas Dorian		24d DATE REGISTERED JUN 26 2001		
25a IMMEDIATE CAUSE OF DEATH (Indicate by number 1-10, or describe in words) Gram Negative Sepsis		25b UNDERLYING CAUSE (Indicate by number 1-10, or describe in words) Gram Negative Sepsis		25c UNDERLYING CAUSE (Indicate by number 1-10, or describe in words) Gram Negative Sepsis		
26a DATE OF DEATH 6-21-01		26b HOUR OF DEATH 9:45 P.M.		26c DATE BORN (MM, DD, YY) 6-27-41		
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27d DATE REGISTERED 6/22/01		27e LOCAL REGISTRAR - SIGNATURE Thomas Dorian		27f DATE REGISTERED JUN 26 2001		

VOID IF ALTERED OR ERASED

THIS IS A GUARANTEED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD OF THE DEATH

MARRIAGE

JUN 28 2001