

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90179 045 ***150.00

DOCUMENT # P95000048848

1. Entity Name
R M SERVICES & SUPPLIES CORP.



Principal Place of Business
**6785 SW 8TH STREET
MIAMI FL 33144**

Mailing Address
**6785 SW 8TH STREET
MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0593784**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**JEFFREY, DOUGLAS J ESQ
C/O PANZA, MAURER & MAYNARD PA
3600 N FEDERAL HWY 3RD FLOOR
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **ORTEGA, JOSE C.**
Street Address (P.O. Box Number is Not Acceptable)
895 E 9 LANE.
City **Hialeah.** FL Zip Code **33010.**

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 *Jose C Ortega*

4/3/03.

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	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ORLANDO JR.	
STREET ADDRESS	8735 NW 153RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANDRES	
STREET ADDRESS	815 MANDALAY AVENUE	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ORTEGA, JOSE C	
STREET ADDRESS	895 EAST 9 LANE	
CITY-ST-ZIP	HIALEAH FL 33010	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEGA, JOSE C	
STREET ADDRESS	895 E 9 LANE	
CITY-ST-ZIP	HIALEAH, FL 33010.	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEGA, JOSE C.	
STREET ADDRESS	895 E 9 LANE	
CITY-ST-ZIP	HIALEAH, FL 33010	
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		

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: *Jose C Ortega* **SIGNATURE REQUIRES JOSE C ORTEGA Pd. 4-403 (305) 267-2816.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)