

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058149

1. Entity Name

R.M.L. INTL. INC.

FILED

Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90015 004 ***158.75

Principal Place of Business

8306 MILLS DR
SUITE 368
MIAMI FL 33183

Mailing Address

8306 MILLS DR
SUITE 368
MIAMI FL 33183

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

NOT APPLICABLE

Applied For

☒ Not Applicable

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

ROBINETTE, DAVID G
8306 MILLS DR
SUITE 368
MIAMI FL 33183

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.

SIGNATURE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ROBINETTE, DAVID G
P.O. BOX 561114
MIAMI FL 33256-1114 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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:

David Robinette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-00

Date

305 952 0931

Daytime Phone #

CR2E034 (5/00)

Attachment
DOC# : P95000058149
DW29191

DIVISION OF CORPS:

I CALLED YOUR OFFICE
LAST WEEK TO TELL YOU
I HAD NOT RECEIVED THE
FIRST NOTICE OF THE
UNIFORM BUSINESS REPORT.

THE WOMEN TOLD ME
TO INCLUDE THIS NOTE
STATING SUCH AND
THE \$150⁰⁰,

THANKS FOR YOUR
UNDERSTANDING.

DAVID ROBINETTE
David Robinette

R.M.L. INTL. INC.