

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90015 004 \*\*\*158.75

**DOCUMENT # P95000058149**

1. Entity Name

**R.M.L. INTL. INC.**

*P*

Principal Place of Business

Mailing Address

6306 MILLS DR  
 SUITE 368  
 MIAMI FL 33183

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



DO NOT WRITE IN THIS SPACE

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	PSD	<input type="checkbox"/> Delete
NAME	ROBINETTE, DAVID G	
STREET ADDRESS	P.O. BOX 561114	
CITY-ST-ZIP	MIAMI FL 33256-1114	
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

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

8-8-00

3059520931

Date

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 \$150<sup>00</sup>,

THANKS FOR YOUR  
UNDERSTANDING.

DAVID ROBINETTE  
*David Robinette*

R.M.L. INTL. INC.