2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058149

1. Entity Name

R.M.L. INTL. INC.

192

FILED
01 NOV -9 PM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8306 MILLS DR #368 MIAMI FL 33183	8306 MILLS DR. #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

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID G. ROBINETTE
8306 MILLS DR #368
MIAMI FL 33183

7. Name and Address of New Registered Agent

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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ROBINETTE, DAVID G PO BOX 561114 MIAMI FL 33256 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ROBINETTE, DAVID G 6961 SW 129 AVE #3 MIAMI FL 33183 ☒ Change ☐ Addition NEW ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004709295--3 -12/04/01--01008--022 ****158.75 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change SP ☐ Addition

CR2E034 (11/00)

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 G. Robinette DAVID G ROBINETTE 10-26-01 3057104227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 2

To: DIVISION OF CORPORATIONS 10-26-2001

From: R.M.L. INTL. INC.

I RECIEVED A LETTER TO DISSOLUE MY CORPORATION FROM YOU. THIS IS THE FIRST NOTICE I HAVE RECIEVED THIS YEAR (2001) CONCERNING MY CORPORATION R.M.L. INTL. INC. I DO NOT WANT TO DISSOLUE MY CORPORATION. PER MY PHONE CALL WITH YOUR DEPARTMENT YOU SAID I NEEDED TO WRITE THIS LETTER STATING I DID NOT RECIEVE MY UNIFORM BUSINESS REPORT FORM EARLIER THIS YEAR. I HAVE ENCLOSED A MONEY ORDER FOR $158.75 TO COVER THIS YEARS FEES AND CERTIFICATE OF STATUS. THANK YOU FOR YOUR HELP AND UNDERSTANDING.

David Robinette

DAVID ROBINETTE
PSD
R.M.L. INTL. INC. #368
8306 MILLS DR.
MIAMI, FL 33183