

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087922

1. Entity Name

RB MANAGEMENT SERVICES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90097 017 ***158.75

Principal Place of Business

9754 SOUTHWEST 148 COURT
MIAMI FL 33196

Mailing Address

9754 SOUTHWEST 148 COURT
MIAMI FL 33196

2. Principal Place of Business

1805 SANS SOUICI BLVD.

Suite, Apt. #, etc.

APT. 423

City & State

NORTH MIAMI, FLA.

Zip

33181

Country

USA.

3. Mailing Address

1805 SANS SOUICI BLVD.

Suite, Apt. #, etc.

APT. 423

City & State

NORTH MIAMI, FLA.

Zip

33181

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0620135

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARANDIARAN, RODOLFO M

9754 SOUTHWEST 148 CT
MIAMI FL 33196

1805 SANS SOUICI BLVD
APT. 423

NORTH MIAMI FLA.
33181

7. Name and Address of New Registered Agent

Name

BARANDIARAN RODOLFO M

Street Address (P.O. Box Number is Not Acceptable)

1805 SANS SOUICI BLVD. APT. 423

NORTH MIAMI, FLA.

City

NORTH MIAMI, FLA.

FL

Zip Code

33181

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]

RODOLFO BARANDIARAN, OWNER

04/20/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BARANDIARAN, RODOLFO M
9754 SOUTHWEST 148 COURT
MIAMI FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OFFICER MANAGER
HELENA LIZARRAGA
16313 SW 97ST.
MIAMI FLA 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/01 (305)335-5335

Date

Daytime Phone #

CR2E034 (10/00)