

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90097 017 ***158.75

0501128

DOCUMENT # P95000087922

1. Entity Name

RB MANAGEMENT SERVICES, INC.

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.

3. Mailing Address

1805 SANS SOUICI BLVD

Suite, Apt. #, etc.

APT 423

City & State

NORTH MIAMI, FLA.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0620135

Applied For

Not Applicable

5. Certificate of Status Desired

\$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
APTO-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. APTD 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

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	PSTD	<input type="checkbox"/> Delete
NAME	BARANDIARAN, RODOLFO M	
STREET ADDRESS	9754 SOUTHWEST 148 COURT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	OFFICER MANAGER	<input type="checkbox"/> Delete
NAME	HELENA LIZARRAGA	
STREET ADDRESS	16313 SW 97ST.	
CITY-ST-ZIP	MIAMI FLA 33196	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/01

DATE

(305)335-5335

DAYTIME PHONE #

CR2E034 (10/00)