

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90196 021 ***158.75

DOCUMENT # P95000087922

1. Entity Name
RB MANAGEMENT SERVICES, INC.

Principal Place of Business
~~1865 SANS SOUCI BLVD.~~
~~423~~
~~NORTH MIAMI FL 33181~~

Mailing Address
~~1805 SANS SOUCI BLVD~~
~~423~~
~~NORTH MIAMI FL 33181~~



2. Principal Place of Business
6780 SW 17ST

3. Mailing Address
SAME AS 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLA.

City & State

4. FEI Number **65-0620135**

Applied For
 Not Applicable

Zip
33155

Country
DADE

Zip

Country

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

6. Name and Address of Current Registered Agent

BARANDIARAN, RODOLFO M
1805 SANS SOUCI BLVD
423
NORTH MIAMI FL 33181

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/29/02

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, 2002 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** ☐ Delete
 NAME **BARANDIARAN, RODOLFO M**
 STREET ADDRESS **9754 SOUTHWEST 148 COURT**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **OM** ☒ Delete
 NAME **LIZARRAGA, HELENA**
 STREET ADDRESS **16313 SOUTHWEST 97TH STREET**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TECHNICIAN** ☐ Change ☒ Addition
 NAME **FRANK HERNANDEZ**
 STREET ADDRESS **15775 SW 76 TERR**
 CITY-ST-ZIP **MIAMI, FLA. 33193**

TITLE **TECHNICIAN** ☐ Change ☒ Addition
 NAME **EVASIO HERNANDEZ**
 STREET ADDRESS **15775 SW 76 TERR**
 CITY-ST-ZIP **MIAMI, FLA. 33193**

TITLE **TECHNICIAN** ☐ Change ☒ Addition
 NAME **ENRIQUE CAMPUZANO**
 STREET ADDRESS **11510 NW 91 CT**
 CITY-ST-ZIP **HIALEAH GARDENS 33018**

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

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

TITLE ☐ Change ☐ 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02 (305) 335-5335
 Date Daytime Phone #

CR2E034 (9/01)