

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90165 045 ***158.75

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1. Entity Name
RB MANAGEMENT SERVICES, INC.



Principal Place of Business

6780 SW 17 ST
MIAMI FL 33155

Mailing Address

6780 SW 17 ST
MIAMI FL 33155

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 65-0620135

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARANDIARAN, RODOLFO M

1805 SANS SOUCI BLVD 3820 NW 183 ST APT. 208
NORTH MIAMI FL 33181 OPA LOCKA, FLA. 33055

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME BARANDIARAN, RODOLFO M
STREET ADDRESS 9754 SOUTHWEST 149 COURT
CITY-ST-ZIP MIAMI FL 33196

TITLE OFFICER MANAGER
NAME IRIS BARANDIARAN
STREET ADDRESS 1351 NE 191 ST APT 8316
CITY-ST-ZIP NORTH MIAMI BEACH, FLA. 33179

TITLE T
NAME HERNANDEZ, FRANK
STREET ADDRESS 15775 SW 76 TERR
CITY-ST-ZIP MIAMI FL 33193

TITLE PSTD
NAME RODOLFO BARANDIARAN
STREET ADDRESS 3820 NW 183 ST, APT 208
CITY-ST-ZIP OPA LOCKA FLA. 33055

TITLE T
NAME HERNANDEZ, EVASIO
STREET ADDRESS 15775 SW 76 TERR
CITY-ST-ZIP MIAMI FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME CAMPULAND, ENRIQUE
STREET ADDRESS 11510 NW 91 CT
CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE IRIS BARANDIARAN
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

04/26/03 (305) 761-2069

Date

Daytime Phone #

CR2E034 (10/02)