

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060712

1. Entity Name

R. & M. ADVERTISING, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90122 035 \*\*\*150.00

Principal Place of Business

2027 S.W. 105TH COURT  
 MIAMI FL 33165  
 US

Mailing Address

2027 S.W. 105TH COURT  
 MIAMI FL 33165-7937  
 US

2. Principal Place of Business

2027 SW 105 COURT  
 Suite, Apt. #, etc.

3. Mailing Address

2027 SW 105 COURT  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0680896

Applied For

Not Applicable

Zip

FL 33165

Country

33165

Zip

FL 33165

Country

33165

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASTRA, REGLA M  
 114 ANTIQUEIRA APT. #3  
 CORAL GABLES FL 33134

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, 2000 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	<input type="checkbox"/> Delete
PVD	LASTRA, REGLA M	114 ANTIQUEIRA APT. #3	CORAL GABLES FL 33134	<input type="checkbox"/>
		2027 SW 105 COURT	M, FL 33165	
ST	LASTRA, REGLA M	114 ANTIQUEIRA APT. #3	CORAL GABLES FL 33134	<input type="checkbox"/>
		2027 SW 105 COURT	M, FL 33165	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR 10K (9/99)