

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000072764**

1. Entity Name

R.R. & J. SYSTEM SERVICE CORP.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90255 038 ***158.75

Principal Place of Business

1421 SE 9 AVE
HIALEAH FL 33010

Mailing Address

1421 SE 9 AVE
HIALEAH FL 33010

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 **65-0695032**

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

FUENTES, RENAN
766 N 135 CT
MIAMI FL 33182

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 of registered agent 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 \$350.00****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 PD
NAME FUENTES, RENAN
STREET ADDRESS 766 N 135 CT
CITY-ST-ZIP MIAMI FL 33182 ☐ DeleteTITLE VD
NAME FOLGAR, JOLGE A
STREET ADDRESS 13708 SW 11 ST
CITY-ST-ZIP MIAMI FL 33184 ☐ DeleteTITLE SD
NAME FUENTES, RENAN R
STREET ADDRESS 106 SW 8 ST
CITY-ST-ZIP MIAMI FL 33130 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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)(f), Florida Statutes. I further certify that the information indicated on this report or supplement 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: *Renan Fuentes*

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4-2-01 (305) 888-8797

CR2E034 (10/00)