

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90436 023 ***150.00

01/20/03
AV

DOCUMENT # P96000080678

1. Entity Name

RS INTERNATIONAL TRADING, CORP.



Principal Place of Business

**8322 NW 56TH ST
#225
MIAMI FL 33163**

Mailing Address

**428 NW 47TH ST
POMPANO BEACH FL 33064**

2. Principal Place of Business

4961 North University DR. 4961 North University DR.

3. Mailing Address

4961 North University DR.

Suite, Apt. #, etc.

18C

Suite, Apt. #, etc.

18C

City & State

Lauderhill, Fl.

City & State

Lauderhill, Fl.

Zip

33351

Country

US

Zip

33351

Country

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0701706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SANDOVAL, ROSANA

428 NW 47TH ST

POMPANO BEACH FL 33064

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. 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 **P** ☐ Delete
NAME **SANDOVAL, ROSANA**
STREET ADDRESS **428 NW 47TH ST.**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

April-17-03

Date

954 943 8754

Daytime Phone #

CR2E034 (10/02)