

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000010145

1. Entity Name
RND 92, INC.



Principal Place of Business
4700 N.W. 132ND STREET
MIAMI, FL 33054

Mailing Address
4700 N.W. 132ND STREET
MIAMI, FL 33054

DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0738024

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

LERMAN, CARLOS D ESQUIRE
100 SE 2ND STREET
SUITE 2620
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITEBOOK, DANIEL S
STREET ADDRESS	4700 N.W. 132ND STREET
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	STD
NAME	KLODA, RUBEN
STREET ADDRESS	4700 NW 132ND STREET
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	D
NAME	GOTTLIEB, NEIL
STREET ADDRESS	4700 NW 132ND STREET
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/04/04-80085-006 158.75

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IN THIS SPACE**

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04
Date

305-685-7617
Daytime Phone #