

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037844

1. Entity Name

R-M WORK OVERLOAD INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90025 013 ***150.00

Principal Place of Business

719 EXECUTIVE CENTER #302B
WEST PALM BEACH FL 33401

Mailing Address

719 EXECUTIVE CENTER #302B
WEST PALM BEACH FL 33415-8837

2. Principal Place of Business

4667. ORLEANS COURT

3. Mailing Address

4667. ORLEANS COURT

Suite, Apt. #, etc.

APT # C

Suite, Apt. #, etc.

APT # C

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip

33415

Country

U.S.A.

Zip

33415

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0748791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAIG, RAFAEK
719 EXECUTIVE CENTER
APT #302B
WEST PALM BEACH FL 33404

7. Name and Address of New Registered Agent

Name

RAFAEK BAIG

Street Address (P.O. Box Number is Not Acceptable)

4667. ORLEANS COURT

APT # C

City

WEST PALM BEACH FL

Zip Code

33415

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, type or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-14-00

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 ☐ Delete
NAME P
STREET ADDRESS RAFAEK, BAIG
CITY-ST-ZIP 719 EXECUTIVE CIR #302 B
W PALM BEACH FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 #

04-14-00