

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90320 029 ***150.00

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DOCUMENT # **P97000077187**

1. Entity Name
R & J CONSULTING INC.



Principal Place of Business
**9040 SW 157TH PLACE
MIAMI FL 33196**

Mailing Address
**9040 SW 157TH PLACE
MIAMI FL 33196**



2. Principal Place of Business
11715 SW 129th

3. Mailing Address
11715 SW 129th

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami FL

City & State
Miami FL

Zip
33186

Country
USA

Zip
33186

Country
USA

4. FEI Number **65-0779217**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, JULIE
9040 SW 157TH PLACE
MIAMI FL 33196

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  DATE **4/24/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SUAREZ, JULIE	
STREET ADDRESS	9040 SW 157TH PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUAREZ, RAMON	
STREET ADDRESS	9040 SW 157TH PL	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julie Suarez	
STREET ADDRESS	11715 SW 129th	
CITY-ST-ZIP	Miami FL 33186	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramon Suarez	
STREET ADDRESS	11715 SW 129th	
CITY-ST-ZIP	Miami FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/24/03** Daytime Phone # **786-486-4199**

CR2E034 (10/02)