

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000015170**

06-29-2000 90632 003 ***908:75
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1. Entity Name
R&R PROPERTY INVESTMENTS, INC.

ADMIN. FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address
**209 Hibiscus Ave. PO Box 480070
Pompano Beach FL Ft Lauderdale FL
33062 33348-0070**

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2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

REINSTATEMENT 99-00
DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0816441** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RUKES, MORGAN
57 FORT ROYAL ISLE
FT LAUDERDALE FL 33308**

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.

SIGNATURE *Morgan L. Rukes* **4/16/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUKES, MORGAN L		NAME		
STREET ADDRESS	57 FORT ROYAL ISLE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	RUKES, ILLEANNE M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	57 FORT ROYAL ISLE		NAME		
STREET ADDRESS	FT LAUDERDALE FL 33308		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Morgan L. Rukes* **MORGAN L. RUKES** **4/24/00** **(954) 545-9854**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)

7/10