

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90193 048 \*\*\*150.00

**DOCUMENT # P98000022307**

1. Entity Name

**R & L BUSINESS INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

3652 FALCON RIDGE CIR  
 WESTON FL 33331

3652 FALCON RIDGE CIR  
 WESTON FL 33331-5019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0821052**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCA, JULIANA A  
 3961 N. EDERAL HWY  
 POMPANO BCH FL 33064

7. Name and Address of New Registered Agent

Name **JULIANA AQUILINO**  
 Street Address (P.O. Box Number is Not Acceptable) **3961 N. Federal Hwy**  
 City **Pompano Beach - FL FL** Zip Code **33064**

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 *Juliana Aquilino*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE **Jan / 4 / 2000**

DATE

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	DPV	<input type="checkbox"/> Delete
NAME	DA SILVA, ROGERIO	
STREET ADDRESS	45 EAST SHERIDAN STREET SUITE C	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	DPV	<input checked="" type="checkbox"/> Delete
NAME	FILHO, IVAN HERMANO	
STREET ADDRESS	45 EAST SHERIDAN STREET SUITE C	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DA SILVA, LUCIENE	
STREET ADDRESS	45 EAST SHERIDAN STREET SUITE C	
CITY-ST-ZIP	DANIA FL 33004	
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		

TITLE	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA SILVA, ROGERIO	
STREET ADDRESS	3652 FALCON RIDGE CIRCLE	
CITY-ST-ZIP	WESTON - FL 33331	
TITLE	DPV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DA SILVA, ROGERIO	
STREET ADDRESS	3652 FALCON RIDGE CIRCLE	
CITY-ST-ZIP	WESTON - FL 33331	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DA SILVA, LUCIENE	
STREET ADDRESS	3652 FALCON RIDGE CIRCLE	
CITY-ST-ZIP	WESTON - FL 33331	
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		

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2000

Date

(954) 369-5138

Daytime Phone #

CR2E034 (9/99)