## **FILED** Mar 17, 2003 8:00 am § Secretary of State

## 2003 FOR PROFIT CORPORATION

**UNIFORM BUSINESS REPORT (UBR**) P98000031713 DOCUMENT # 1. Entity Name 03-17-2003 90057 041 \*\*\*150.00 R & F PUBLISHING, INC. Principal Place of Business Mailing Address 13260 S.W. 131 STREET 13260 S.W. 131 STREET UNIT #126 **UNIT #126** MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 323 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 65-0831755 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired DADS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADER, ROBERT Street Address (P.O. Box Number is Not Acceptable) NATIONSBANK TOWER AT ONE INTERNATIONAL PL 100 S.E. 2ND STREET, SUITE 3550 MIAMI FL 33131 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE **X** Change ☐ Delete Addition NAME RICO, OSCAR NAME 13260 S.W. 131 STREET, UNIT 126 STREET ADDRE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP ☐ Delete Change TITLE ■ Addition NAME RICO, EVA NAME STREET ADDRES 13260 S.W. 131 STREET, UNIT 126 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS

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

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

CR2E034 (10/02)