2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 27, 2002 8:00 am Secretary of State P98000053212 DOCUMENT # 1. Entity Name 03-27-2002 90016 021 ***150.00 R & R MORTGAGE SERVICES, INC. Principal Place of Business Mailing Address 1150 SW 22 ST 1150 SW 22 ST #10 #10 MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address 1314 WE 105 ST 1314 NR 105 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0844271 MLAMI Not Applicable mi Amil \$8.75 Additional 33/38 5. Certificate of Status Desired DADE D402 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA-RUBIO, JORGE Street Address (P.O. Box Number is Not Acceptable) 1150 SW 22 ST #10 MIAMI FL 33129 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. D ADDRESS: TITLE TITLE ☐ Delete GARCIA-RUBIO, JORGE 1314 NE 105 ST NAME NAME STREET ADDRESS 1150 SW 22 ST- #10 STREET ADDRESS MIAMI, FC 73138 **MIAMI FL 33129** CITY-ST-ZIP CITY-ST-7/P ADORASS: TITLE ☐ Delete TITLE NAME GARCIA-RUBIO, JORGE A NAME SAME AS ABOUR STREET ADDRESS STREET ADDRESS 1150 SW 22 ST- #10 CITY-ST-7IP MIAMI FL 33129 CITY-ST-ZIP Change TITLÉ TITLE ☐ Addition ☐ Delete 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 fair other like empowered.

FILED