

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000103263**1. Entity Name
R & G SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2025 BRICKELL AVENUE	P.O. BOX 310026
SUITE 1004	
MIAMI FL	MIAMI FL
33129	33231

2. Principal Place of Business	3. Mailing Address
1515 BLUE ROAD	1515 BLUE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
CORAL GABLES FL	CORAL GABLES FL

Zip	Country	Zip	Country
33146		33146	

4. FEI Number	Applied For
65-0881333	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentRIVERA-DIEZ LUZETTE M
2025 BRICKELL AVENUE
SUITE 1004
MIAMI FL
33129 US**7. Name and Address of New Registered Agent**

Name
RIVERA-DIEZ LUZETTE M
Street Address (P.O. Box Number is Not Acceptable)
1515 BLUE ROAD
City
CORAL GABLES FL
Zip Code
33146

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 _____ DATE **04/29/2001**
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. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ JORGE L	
STREET ADDRESS	2025 BRICKELL AVENUE, SUITE 1004	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA-DIEZ LUZETTE M	
STREET ADDRESS	2025 BRICKELL AVENUE, SUITE 1004	
CITY-ST-ZIP	MIAMI FL 33129	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ JORGE L	
STREET ADDRESS	1515 BLUE ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA-DIEZ LUZETTE M	
STREET ADDRESS	1515 BLUE ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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		

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: Luzette Rivera-Diez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 04/29/2001

Date

Daytime Phone #

CR2E034 (11/00)