

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jul 17, 2000 8:00 am
Secretary of State

05-31-2000 90100 009 ***150.00

DOCUMENT # *P-98000105907*

1. Entity Name
RICHIE'S UNLIMITED D.J.S., INC *R*

Principal Place of Business Mailing Address
8896 NW 116th St.
HIALEAH GARDENS, FL 33018

2. Principal Place of Business 3. Mailing Address
8896 NW 116th St *P.O. BOX 160943*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HIALEAH GARDENS, FL *HIALEAH, FL*
 Zip Country Zip Country
33018 *USA* *33016* *USA*

4. FEI Number Applied For
65-0884745 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 Agent
RICARDO E. MARTINEZ
8896 NW 116th St
HIALEAH GARDENS, FL 33018

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 *Ricardo E. Martinez* *RICARDO E. MARTINEZ, PRESIDENT, 05/04/2000*
 Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

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 1-2000 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

PRESIDENT
RICARDO E. MARTINEZ ☐ Delete
8896 NW 116th St.
HIALEAH GARDENS, FL 33018

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
 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 the like empowered.

SIGNATURE: *Ricardo E. Martinez* *05/04/2000* *(305) 362-5288*
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)