

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009249

1. Entity Name

RNF TECHNOLOGY SERVICES, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90069 021 ***150.00

Principal Place of Business

Mailing Address

145 MADEIRA AVE. STE. 310
CORAL GABLES FL 33134

145 MADEIRA AVE. STE. 310
CORAL GABLES FL 33134-4520

2. Principal Place of Business

6555 NW 36 ST

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

324-2

City & State
Miami FL

City & State

4. FEI Number

65-0897199

Applied For

Not Applicable

Zip

33166

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J
145 MADEIRA AVE. STE. 310
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Roberto de Noronha

Street Address (P.O. Box Number is Not Acceptable)

6555 NW 36 ST Suite 324-2

City Miami

FL

Zip Code 33166

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

Roberto de Noronha

Roberto de Noronha

3-16-00

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
NAME Vanda Maria de Souza
STREET ADDRESS 6555 NW 36 ST Suite 324-2
CITY-ST-ZIP Miami FL 33166

TITLE Vice President ☐ Change ☒ Addition
NAME Roberto de Noronha
STREET ADDRESS 6555 NW 36 ST Suite 324-2
CITY-ST-ZIP Miami FL 33166

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

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

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

TITLE ☐ Change ☐ 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:

Roberto de Noronha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00

Date

305 597-9353

Daytime Phone #

CR2E034 19/99