

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

0121209

DOCUMENT # P99000022618

1. Entity Name

R.B.S. CONSTRUCTION, INC.

03-22-2001 90039 018 ***150.00

Principal Place of Business

Mailing Address

**12980 N.W. 30TH AVE.
 OPA LOCKA FL 33054**

**P.O. BOX 540147
 OPA LOCKA FL 33054**

00027983



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0901571**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UPTHEGROVE, BART
 12980 N.W. 30TH AVE.
 OPA LOCKA FL 33054**

| | |
|--|-------------|
| 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 _____ DATE _____
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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|----------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| PD | UPTHEGROVE, BART | | |
| | 12980 N.W. 30TH AVE. | | |
| | OPA LOCKA FL 33054 | | |
| VD | UPTHEGROVE, ROBERT | | |
| | 12980 N.W. 30TH AVE. | | |
| | OPA LOCKA FL 33054 | | |
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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: *Bart Uptegrove* **Bart Uptegrove** 3-13-01 (305) 688-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)