

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90056 012 \*\*\*150.00

DOCUMENT # **P99000053996**

1. Entity Name

**R. S. INVESTMENT INTERNATIONAL GROUP, INC.**

Principal Place of Business

Mailing Address

**9350 S. DIXIE HWY  
PH 2  
MIAMI FLA 33156**

**9350 S DIXIE HWY  
PH 2  
MIAMI FLA 33156**

2. Principal Place of Business

**3533 NW 82 AVE**

3. Mailing Address

**3533 NW 82 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI FLA**

City & State

**MIAMI FLA**

4. FEI Number

**65-0928990**

Applied For

Not Applicable

Zip

**33122**

Country

**USA**

Zip

**33122**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A.  
9350 S. DIXIE HWY PH 2  
MIAMI FLA 33156**

7. Name and Address of New Registered Agent

Name

**OVIES, JOA C**

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

**2307 Douglas Rd #400**

City

**MIAMI**

**FL**

Zip Code

**33145**

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

**Joa C Ovies**

**4/24/01**

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)

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**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.

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**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>SANNA, ANTONIO</b>	
STREET ADDRESS	<b>CALLE 93, 729 (1672) V LYNCH SAN MARTIN</b>	
CITY-ST-ZIP	<b>BUENOS AIRES, ARGENTINA</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>BUSETO, ERNESTO RUBEN</b>	
STREET ADDRESS	<b>CALLE 93, 729 (1672) V LYNCH SAN MARTIN</b>	
CITY-ST-ZIP	<b>BUENOS AIRES, ARGENTINA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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:

**Antonio Sanna**

Date

**4-27-01**

Daytime Phone #

**392-2580**

CR2E034 (11/00)