

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057160

1. Entity Name
R&D INNOVATIONS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90255 043 ***150.00

Principal Place of Business
3958 NORTHEAST 5TH AVENUE
OAKLAND PARK FL 33334

Mailing Address
3958 NORTHEAST 5TH AVENUE
OAKLAND PARK FL 33334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4080 NE 5th Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
SAME

City & State
Oakland Park
Zip
33334
Country
Broward

City & State
Zip
Country

4. FEI Number 65-0929054
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEONAGGIO, SCOTT
3958 NE 5 AVENUE
FORT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name
JAM-L
Street Address (P.O. Box Number is Not Acceptable)
4080 NE 5th Ave
City
Oakland Park FL Zip Code
33334

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 *[Signature]* DATE 4/20/01
(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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDT LEONAGGIO, RHENDA 3958 NORTHEAST 5TH AVENUE OAKLAND PARK FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS LEONAGGIO, SCOTT 3958 NORTHEAST 5 AVENUE FORT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 954-568-1237
Date Daytime Phone #

CR2E034 (10/00)