

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90780 030 ***150.00

DOCUMENT # **099000057160**

1. Entity Name

R & D Innovations, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Oakland Park

Suite, Apt. #, etc.

3. Mailing Address

4774 NE 12th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Oakland Park, FL

Zip

Country

Zip

Country

33334

Broward

4. FEI Number

65-0929054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Scott Leonasgeo**

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

1 E. Chestertfield Dr

City **Bonita Beach**

FL

Zip Code

33426

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and fee 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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	President	Scott Leonasgeo					
	V. President - Treasurer	Rhonda Leonasgeo					
		2015 N.E. 4th Ave					
		Fort Lauderdale, FL 33305					

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Leonasgeo

4/16/02

Date

954-351-3301

Daytime Phone #

CR2E034B (12/01)