

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90063 026 ***150.00

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

DOCUMENT # **P99000072738**

1. Entity Name

RMA SERVICES, INC.

DO NOT WRITE IN THIS SPACE

811721

2. Principal Place of Business
8220 NW 30 Terrace

Suite, Apt. #, etc.

3. Mailing Address
8220 NW 30 Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0939837

Applying For
☐ Not Applicable

Zip
33122

Country
USA

Zip
33122

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Geber D. Pedroza

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

4616 NW 95 Ave.

City
Miami

FL

Zip Code
33178

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

Geber D. Pedroza

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

(NOTE: Registered Agent signature required when re-statuting)

01/22/02

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-STATE-ZIP	PRESIDENT GEBER D. PEDROZA 4616 NW 95 Ave. Miami, FL-33178	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE-PRESIDENT LAURA E. BURGOS 4616 NW 95 Ave. Miami, FL-33178	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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**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)(b), 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:

Geber D. Pedroza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/02 (305) 593-9899

DATE

Daytime Phone #

CR2E034B (12/01)