

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081338

1. Entity Name

RS SMART EXPORT INC

Principal Place of Business

7370 NW 36TH STREET  
MIAMI FL 33166

Mailing Address

7370 NW 36TH STREET  
MIAMI FL 33166-6740

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0947819

Applied For

Not Applicable

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

ARIAS, LUIS M  
6235 SW KENDALE LAKES CIRCLE, #132  
MIAMI FL 33183

Name RODRIGUEZ REYNALDO

Street Address (P.O. Box Number is Not Acceptable)  
7370 NW 36TH STREET 210A

City MIAMI FL Zip Code 33166

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/00

DATE

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, 2000 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

TITLE PD  
NAME SCOTT, RICHARD  
STREET ADDRESS 7370 NW 36TH STREET  
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME RODRIGUEZ, REYNALDO  
STREET ADDRESS 7370 NW 36TH STREET  
CITY-ST-ZIP MIAMI FL 33166 ☐ Delete

TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD  
NAME ARIAS, LUIS M  
STREET ADDRESS 6235 SW KENDALE LAKES CIRCLE, #132  
CITY-ST-ZIP MIAMI FL 33183 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

Daytime Phone #

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90008 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE