2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90148 016 ***150.00

DOCUMENT # P99000088475

1. Entity Name

R+S PROFESSIONAL ASSOCIATES, INC

Principal Place of Business	Mailing Address
241 NW 43 ST	241 NW 43 ST
POMPANO BEACH, FL 33064	POMPANO BEACH, FL 33064

[redacted]

2. Principal Place of Business	3. Mailing Address
523 SE 12 AVE	523 SE 12 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEERFIELD BEACH FL	City & State: DEERFIELD BEACH FL
Zip: 33441 Country	Zip: 33441 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0951130 ☐ 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
RAMOS, MARIA	Name: RAMOS MARIA
241 NW 43 ST	Street Address (P.O. Box Number is Not Acceptable): 523 SE 12 AVE
POMPANO BEACH FL 33064	City: DEERFIELD BEACH FL Zip Code: 33441

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

SIGN HERE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	RAMOS, MARIA		NAME		
STREET ADDRESS	241 NW 43 ST		STREET ADDRESS	523 SE 12 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SIMON, AMALIA		NAME		
STREET ADDRESS	241 NW 43 ST		STREET ADDRESS	523 SE 12 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIGN HERE