

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091782

1. Entity Name

R & F MEDICAL CARE INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90103 045 ***150.00

Principal Place of Business

Mailing Address

~~1048W 38 PL~~
~~HALEAH FL 33012~~

~~1648W 38 PL~~
~~HALEAH FL 33012-7026~~

2. Principal Place of Business

8346 NW SO. RIVER DR.

3. Mailing Address

8346 NW SO. RIVER DR

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

Medley FL

City & State

Medley FL

4. FEI Number

65-102 3945

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

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

ROSELL, ROBERTO

9952 SW 8 ST APTD 127

MIAMI FL 33174

Name

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

8346 NW SO. RIVER DR # B

City

Medley FL

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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

D
ROSELL, ROBERT
1048 W 38 PL
HALEAH FL 33012

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

8346 NW SO. RIVER DR # B
MEDLEY FLORIDA 33166

TITLE
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☐ 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 all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment P99000091782
DW79756

R & F MEDICAL CARE INC.
8346 NW SO. RIVER DR. SUITE B
MEDLEY FLORIDA 33166

August 9, 2000

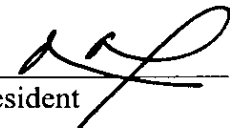
Uniform Business Report
Division of Corporations
P.O.Box 1500
Tallahassee Florida 32302

Dear representative:

We respectfully request you accept the enclosed 2000 Uniform Business Report and the \$150.00 fee at this time, as the form did not get in our hands until now. The corporation was initiated in 1999 and our address and place of business changed since that time. We will file timely in the future.

Sincerely

R & F Medical Care Inc.

By: 
President