

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90787 020 ***150.00

0161187 AV

DOCUMENT # S91742

1. Entity Name
R & R INDUSTRIAL SUPPLY, INC.



Principal Place of Business
**7075 NW 74TH ST
BAY A
MEDLEY FL 33166
US**

Mailing Address
**5790 N.W. 194TH TERRACE
HIALEAH FL 33015**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0293196**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

**RODRIGUEZ, ROBIN
5790 NW 194TH TERRACE
HIALEAH FL 33015**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LUCIANO	
STREET ADDRESS	5790 NW 194 TERRANCE	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ROBIN	
STREET ADDRESS	5790 NW 194TH TERRACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIOTT, EDWARD D	
STREET ADDRESS	5329 NW 188TH ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LUIS E	
STREET ADDRESS	5790 NW 194 TERRACE	
CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, LUCIANO III	
STREET ADDRESS	5790 NW 194TH TERR	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03
Date

305-889-5339
Daytime Phone #

CR2E034 (10/02)