

FILED
Jan 24, 2000 8:00 am
Secretary of State

C0009909



DOCUMENT # V52267

RM! PROPERTIES, INC.

Mailing Address

13349 SW 131 ST
MIAMI FL 33186-5816
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0354937**

Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANHEIM, ALFRED
5901 SW 74TH STREET
SUITE 403
MIAMI FL 33143

Name _____

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

City	El	Zip Code
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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	DP	<input type="checkbox"/> Delete
NAME	ROBINSON, RANDALL C	
STREET ADDRESS	11717 SW 132ND PLACE	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, JEAN-PAUL	
STREET ADDRESS	11356 SW 112TH CIRCLE LANE SOUTH	
CITY - ST - ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, JULES C	
STREET ADDRESS	6332 SW 138 PLACE	
CITY - ST - ZIP	MIAMI FL	

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

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

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

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME _____

STREET ADDRESS _____

CITY - ST - ZIP _____

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

TITLE		XXChange	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	10502 S.W. 115 PLACE		
CITY - ST - ZIP	MIAMI, FL. 33176		

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		

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 or without other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E034 (9/99)