

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

0001137
A1

DOCUMENT # P0000103365

1. Entity Name
R.R. TRANSPORT & INVESTMENTS, INC.



03-10-2003 90106 011 ***158.75

Principal Place of Business
**8 E MONTERREY
SCHAUMBURG IL 60193**

Mailing Address
**8 E MONTERREY
SCHAUMBURG IL 60193**



2. Principal Place of Business

3. Mailing Address

235 WHIDAH, CT

235 WHIDAH, CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SCHAUMBURG, IL

City & State

SCHAUMBURG, IL

4. FEI Number **65-1053636**

Applied For

Not Applicable

Zip

Country

60194

U.S.A.

Zip

Country

60194

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

**TACHA, MARIA C
-15783 NW 10TH STREET
PEMBROKE PINES FL 33028**

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 **Maria Cristina Tacha**

(NOTE: Registered Agent signature required when re-nesting)

02-27-03

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 Delete
NAME **PD RUIZ, ALBERTO GERMAN**
STREET ADDRESS **235 whidah ct.**
CITY-ST-ZIP **SCHAUMBURG IL 60194**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD RUIZ, EDGAR**
STREET ADDRESS **372 Greystone ct. ci**
CITY-ST-ZIP **SCHAUMBURG IL 60193**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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

02-27-03

Date

Daytime Phone #

CR2E034 (10/02)