## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 28, 2001 8:00 am **DOCUMENT # M02346** Secretary of State 1. Entity Name RCC I, INC. 02-28-2001 90118 047 \*\*\*150.00 Principal Place of Business Mailing Address % CUSHMAN & WAKEFIELD OF FL. % CUSHMAN & WAKEFIELD OF FL. ONE TAMPA CITY CENTER, STE. 1900 ONE TAMPA CITY CENTER, STE. 1900 TAMPA FL 33602-6300 TAMPA FL 33602-6300 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2900645 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG TRAURIG, P.A. Street Address (P.O. Box Number is Not Acceptable) % PAUL BERKOWITZ 1221 BRICKELL AVE. **MIAMI FL 33131** City 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relostating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Dalete TITLE Addition FERNANDEZ, SERGIO NAME NAME STREET ADDRESS ONE TAMPA CITY CENTER, SUITE 1900 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602-5163 CITY-ST-7IP DSVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERKOWITZ, PAUL NAME NAME 1221 BRICKELL AVENUE, 21 FLOOR STREET ADDRESS STREET ADDRESS CITY - ST-7IP MIAMI FL 33131 CITY-ST-ZIP D TITLE Delete TITLE Change ☐ Addition BOYNE, JOHN NAME % P. BERKOWITZ 1221 BRICKELL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TIFLE ☐ Delete TITLE Change ☐ Addition NAME MASAE STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 all other like empowered.

FILED

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