2002 UNIFORM BUSINESS REPORT (UBR)

0420384 AV

DOCUMENT # M02346

1. Entity Name
RCC I, INC.

FILED
02 FEB 13 PM 12:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% CUSHMAN & WAKEFIELD OF FL. ONE TAMPA CITY CENTER, STE. 1900 TAMPA FL 33602-6300	% CUSHMAN & WAKEFIELD OF FL. ONE TAMPA CITY CENTER, STE. 1900 TAMPA FL 33602-6300

2. Principal Place of Business	3. Mailing Address
c/o Paul Berkowitz	c/o Paul Berkowitz
Suite, Apt. #, etc. 1221 Brickell Ave, 2100	Suite, Apt. #, etc. 1221 Brickell Ave, 2100
City & State Miami, Florida	City & State Miami, Florida
Zip / Country 33131 / USA	Zip / Country 33131 / USA

4. FEI Number 59-2900645 ☐ Applied For ☐ Not Applicable

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
GREENBERG TRAURIG, P.A. % PAUL BERKOWITZ 1221 BRICKELL AVE. MIAMI FL 33131	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.

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, 2002 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	DP FERNANDEZ, SERGIO ONE TAMPA CITY CENTER, SUITE 1900 TAMPA FL 33602-5163	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP BERKOWITZ, PAUL 1221 BRICKELL AVENUE, 21 FLOOR MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600005024966--7 -02/27/02--01091--015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYNE, JOHN % P. BERKOWITZ 1221 BRICKELL AVE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	****150.00 ****150.00 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 REQUIRED 2/12/02 305 579 0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)