

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90935 020 ***150.00

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DOCUMENT # P02000084314

1. Entity Name
RDP GROUP, CORP.



Principal Place of Business
3300 SMOKE SIGNAL CIRCLE
KISSIMMEE FL 34746-4636

Mailing Address
3300 SMOKE SIGNAL CIRCLE
KISSIMMEE FL 34746-4636



2. Principal Place of Business
7061 GRAND NATIONAL
Suite, Apt. #, etc.
142

3. Mailing Address
7061 GRAND NATIONAL
Suite, Apt. #, etc.
142

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
56-2288061

Applied For
Not Applicable

Zip
32819

Country
ORANGE

Zip
32819

Country
ORANGE

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

6. Name and Address of Current Registered Agent

BRUMER, BARRY NESO
5728 MAJOR BOULEVARD
SUITE 545
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name
ALVES, SUELI GOMES MARTINS
Street Address (P.O. Box Number is Not Acceptable)
7061 GRAND NATIONAL
#142
City
ORLANDO **FL** **Zip Code**
32819

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

(NOTE: Registered Agent signature required when reinstating)

DATE **04/10/03**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. ALVES, SUELI GOMES MARTINS 7061 GRAND NATIONAL #142 ORLANDO, FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALVES, PAULO DE OLIVEIRA 3300 SMOKE SIGNAL CIRCLE KISSIMMEE FL 34746-4636	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **04/10/03**

Daytime Phone #

CR2E034 (10/02)