

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90331 041 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 514939

1. Entity Name

R.P.A. CONSTRUCTION CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5750 S.W. 45TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address

901 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 606

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLCity & State  
CORAL GABLES, FL4. FEI Number  
59-1769074Applied For  
Not ApplicableZip  
33134Country  
USZip  
33134Country  
US5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
DE LOS REYES, RAFAEL AStreet Address (P.O. Box Number is Not Acceptable)  
5750 S.W. 45TH TERRACECity  
MIAMI

FL

Zip Code  
33134

**DO NOT WRITE  
IN THIS SPACE**

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)January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution: ☐\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DE LOS REYES, RAFAEL A 5750 S.W. 45TH TERRACE MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment  
D# 54939  
[REDACTED]

40254

R.P.A. Construction Corporation.  
901 Ponce de Leon Blvd.  
Suite 606  
Coral Gables, FL 33134

July 11, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 901 Ponce de Leon Blvd. Suite 606, Coral Gables, FL 33134. Accordingly we did not receive on a timely basis the Uniform Business Report for the year 2002. In addition our accountant at the time did not advise us of such requirements. We have subsequently hired a competent accountant which can guide us and hence will provide appropriate information so that we can fulfill all of our filing requirements on a timely basis. Attached please find a check for \$150.00 for the filing fees. We respectfully request that you abate the penalties for filing late.

Sincerely,

  
Rafael de los Reyes