

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

027105  
AV

DOCUMENT # **514939**

1. Entity Name  
**R.P.A. CONSTRUCTION CORPORATION**



03-19-2003 90168 035 \*\*\*150.00

Principal Place of Business  
**5750 SW 45 TERR  
CORAL GABLES FL 33114-2117  
US**

Mailing Address  
**901 PONCE DE LEON BLVD  
SUITE 606  
CORAL GABLES FL 33134  
US**



2. Principal Place of Business  
**2338 Immokalee Road  
Suite, Apt. #, etc.  
#154**

3. Mailing Address  
**Same  
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State  
**Naples, FL**

City & State

4. FEI Number **59-1769074**

Applied For  
Not Applicable

Zip **34110** Country **Collier**

Zip Country

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

6. Name and Address of Current Registered Agent  
**DE LOS REYES, RAFAEL A  
5750 SW 45 TERR  
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name  
**George A De Los Reyes**

Street Address (P.O. Box Number is Not Acceptable)  
**3906 Midshore Dr**

City **Naples** FL Zip Code **34109**

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 DATE **3/17/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DE LOS REYES, RAFAEL A 5750 S.W. 45TH TERRACE MIAMI FL 33155</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD DE LOS REYES, DULCE M 5750 S.W. 45TH TERRACE MIAMI FL 33155</b> <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD George A De Los Reyes 3906 Midshore Dr Naples, FL 34109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: DATE **3/17/03**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)