2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)						FILED			
DOCUMENT # 595436 1. Entity Name						Apr 29, 2002 8:00 am Secretary of State			
•		R.P.T., P.A.					0089 004 ***150		
Principal Place of Business 9254 SW 9 TERRACE MIAMI FL 33174			Mailing Address 9254 SW 9 TERRACE MIAMI FL 33174				ANK ANAN BURUK BURUK BURUK B		
2. Principal P	lace of Busine	ss	3. Mailing Address		_				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		_	DO NOT WRITE	IN THIS SPACE		
City & State			City & State		4.	FEI Number 59-1872795	<u>-</u>	plied For	
Zip	Zip Country		Zip	Country		Certificate of Status Desired	□ \$8.75 Add		
<u> </u>	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
			<u></u>	Name					
MULET, TOMAS R 9254 S.W. 9TH TERR				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33174							•••		
in the second se				City			FL Zip Cod	e	
SIGNATLIBÉ		submits this statement for the		registered office or regis E: Registered Agent signature requ		gent, or both, in the State of Flori	da. DATE		
· · · · · · ·		ele to satisfy its Intangible	Г	!!! FEE IS \$150.00		10. Election Campaign Finar	ecina ¢E.O	O 1100 Bo	
Tax filing requirement and elects to do so. (See criteria on back)				02 Fee will be \$550.0 ble to Department of \$		Trust Fund Contribution.		May Be I to Fees	
11.		OFFICERS AND DI	RECTORS	12.	ΑD	DDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULET, TO 9254 SW 9 MIAMI FL	MAS R TH TERRACE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE	MIAIVII FL		Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP TITLE NAME			☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP				CITY-ST-ZIP		<u> </u>			
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition -	
CITY-ST-ZIP				CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME			☐ Delete	NAME			□ Outde	,	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP		440 07(0VI) 71 V 1			
indicated of the cor	l on this report	or cupolomontal report is tr	ue and accurate and that i ered to execute this report	my signature shall have ti t as required by Chapter	ho camo	119.07(3)(i), Florida Statutes, I f legal effect as if made under oa ida Statutes; and that my name	itn: that I am an officer	or director i	

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE: -