

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90156 023 \*\*\*150.00

**DOCUMENT # 847856**

1. Entity Name

RECHTIEN INTERNATIONAL TRUCKS, INC.



Principal Place of Business  
7227 NW 74TH ST  
MIAMI FL 33166

Mailing Address  
7227 NW 74TH ST  
MIAMI FL 33166



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2044408**

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

BARTTHET, PATRICK C. ESQ  
200 S. BISCAYNE BLVD  
STE 1800  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RECHTIEN, RICHARD C.	10895 SW 69TH COURT	MIAMI FL 33156	<input type="checkbox"/>
STD	MUNIZ, JULIO	12971 SW 2ND TERRACE	MIAMI FL 33184	<input checked="" type="checkbox"/>
D	RECHTIEN, RICHARD B.	9549 SW 118 PLACE	MIAMI FL 33176	<input type="checkbox"/>
D	RECHTIEN, JOYCE	10895 SW 69TH COURT	MIAMI FL 33156	<input type="checkbox"/>
D	CHARMAN, JOHN	823 N LAFAYETTE PARK PLACE	LOS ANGELES CA 90026	<input type="checkbox"/>
D	RECHTIEN, MARK J	6630 S.W. 85TH STREET	MIAMI FL 33143	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STD	JODI BRADY	131 NW 162 AVE	MIAMI FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	IRVING BOLOTIN	7391 SW 130 ST	MIAMI FL 33156	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	JACK LINDSEY	8943 CARILLON ESTATES WAY	FORT MYERS FL 33912	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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:

*Jodi Brady*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-03

Date

305.888.0111

Daytime Phone #