## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Mar 28, 2001 8:00 am **DOCUMENT # J80805 Secretary of State** R C C ASSOCIATES, INC. 03-28-2001 90224 041 \*\*\*150.00 Principal Place of Business Mailing Address 422 SW 12TH AVE 422 SW 12TH AVE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address 422 SWIZHLAUE. Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0021394 DEERHEL Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STUART, SOBEL Street Address (P.O. Box Number is Not Acceptable) C/O SEIGFRIED RIVERA, LERNER 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition 3R2E034 (10/00 TITLE ☐ Delete TITLE RHODES, R NAME NAME STREET ADDRESS STREET ADDRESS 422 SW 12TH AVE CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAPHAEL, BEVERLY NAME STREET ADDRESS STREET ADDRESS 422 SW 12TH AVE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 EXECUTIVE VICE PROPRIENT TITLE ☐ Delete TITLE Addition POPKIN, DEBORAL, UZZSWIZTH AVE. POPKIN, DEBORAH NAME NAME STREET ADDRESS STREET ADDRESS 422 SW 12TH AVE DEERFIELD BON, FL 33442 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Addition ☐ Change TITLE ☐ Delete DRESIDENT TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the examption 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment in an address, with at other life empowered.