

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K02567**

1. Entity Name
RSC INVESTMENTS, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90174 038 ***150.00

027121 AV

Principal Place of Business

**10560 NW 27 ST
STE 101
MIAMI FL 33172
US**

Mailing Address

**10560 NW 27 ST
STE 101
MIAMI FL 33172
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0051948**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SUAREZ-DEL CAMPO, RAUL A.
10560 NW 27 ST
STE 101
MIAMI FL 33172**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SUAREZ-DEL CAMPO, RAUL A**
STREET ADDRESS **10560 NW 27ST STE101**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VP** ☐ Delete
NAME **MAREMA, JEANNETTE**
STREET ADDRESS **10560 NW 27 ST STE 101**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **ST** ☐ Delete
NAME **SUAREZ-DEL CAMPO, LOURDES**
STREET ADDRESS **10560 NW 27 ST STE 101**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL SUAREZ-DEL CAMPO

03/20/02

(305) 597-8800

Date

Daytime Phone #

CR2E034 (9/01)