


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90255 020 \*\*\*150.00

<b>DOCUMENT #</b> K15574	
<b>1. Entity Name</b> RPA CONSULTING ENGINEERS, INC.	

<b>Principal Place of Business</b> 7274 NW 63 WAY PARKLAND FL 33067 US	<b>Mailing Address</b> 7274 NW 63 WAY PARKLAND FL 33067 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

<b>4. FEI Number</b> 65-0036408	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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☐ CHECK HERE IF MAKING CHANGES



<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<del>POLLARI, ROBERT</del> 7274 NW 63 WAY PARKLAND FL 33067	<b>Name</b> PATRICIA POLLARI <b>Street Address (P.O. Box Number is Not Acceptable)</b> 7274 NW 63 WAY <b>City</b> Parkland <b>FL</b> <b>Zip</b> 33067

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** Patricia Pollari **DATE** 5/1/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> President <b>NAME</b> PATRICIA POLLARI <b>STREET ADDRESS</b> 7274 NW 63 WAY <b>CITY-ST-ZIP</b> Parkland FL 33067 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:** Patricia Pollari **DATE** 4/12/03 **Daytime Phone #** 954-255-3848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)