

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90078 034 \*\*\*\*50.00

**DOCUMENT # L01000015735**

1. Entity Name

**R.P.T. HOLDINGS, L.L.C.**

Principal Place of Business

**100 S.E. 2ND ST., 17TH FLOOR  
MIAMI FL 33131**

Mailing Address

**100 S.E. 2ND ST., 17TH FLOOR  
MIAMI FL 33131**

2. Principal Place of Business

**1411 S. Dixie Hwy  
Suite H**

3. Mailing Address

**1411 S. Dixie Hwy  
Suite H**

City & State

**Miami FL**

City & State

**Miami FL**

Zip

**33176**

Country

Zip

**33176**

Country

4. FEI Number

**02-0561839**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BLANCO, MARIANA C ESQ.  
100 S.E. 2ND ST., 17TH FLOOR  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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.

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 \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **V. PRES.** ☐ Delete  
NAME **LUZ S. DWECK**  
STREET ADDRESS **8601 SW 129 Terrace**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **SECRETREAS.** ☐ Delete  
NAME **JOSE CANCIO JR.**  
STREET ADDRESS **5430 NW 104 CT.**  
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Manager** ☐ Change ☒ Addition  
NAME **Timothy Steeter**  
STREET ADDRESS **1411 S. Dixie Hwy, Suite H**  
CITY-ST-ZIP **Miami FL 33176**

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/14/02 305-252-0899**

CR2E083 (9/01)