

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90017 009 \*\*\*150.00

**DOCUMENT # M83781**

1. Entity Name

**R.T. CONSTRUCTION INTERESTS, INC.**

Principal Place of Business

**9200 S DADELAND BLVD.  
STE. #225  
MIAMI FL 33156**

Mailing Address

**9200 S DADELAND BLVD.  
STE. #225  
MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

- Zip

Country

- Zip

Country

4. FEI Number **65-0065060**

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

**CUMMINGS, F. ALAN  
CUMMINGS LAW FIRM  
1004 DESOTO PARK DRIVE  
TALLAHASSEE FL 32301**

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DSVC	<input type="checkbox"/> Delete
NAME	BELLERO, CHAFFREDO	
STREET ADDRESS	9200 S. DADELAND BLVD. #225	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DEVP	<input type="checkbox"/> Delete
NAME	ESPINO, ENRIQUE I	
STREET ADDRESS	9200 SO. DADELAND BLVD #225	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Delete
NAME	HARPER, ALLEN C	
STREET ADDRESS	9200 SO. DADELAND BLVD #225	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MASCAGNA, DAVID	
STREET ADDRESS	9200 S. DADELAND BLVD. #225	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	TITA, GIAMPAOLO	
STREET ADDRESS	9200 S DADELAND BLVD. #225	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Delete
NAME	IGLESIAS, JUAN J	
STREET ADDRESS	9200 S DADELAND BLVD #225	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/01 (305) 670-7585

CR2E034 (10/00)