

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # *N000000004134*

1. Entity Name

THE RETIRED PEOPLES DOMINO CLUB, INC

02 MAY 22 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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-06/06/02--01007--023

****122.50 ****122.50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8410 S.W. 40 TERR
Suite, Apt. #, etc.

3. Mailing Address

8410 S.W. 40 TERR.
Suite, Apt. #, etc.

4. FEI Number

65-1064639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JUAN J. GARCIA

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

8410 S.W. 40 TERR.

City

MIAMI

FL

Zip Code

33155

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IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE *PTD*
NAME *GARCIA, JUAN J.*
STREET ADDRESS *8410 S.W. 40 TERR.*
CITY-ST-ZIP *MIAMI, FL. 33155*

TITLE *SD*
NAME *RAPPARD, JOSE A.*
STREET ADDRESS *6330 S.W. 4 ST.*
CITY-ST-ZIP *MIAMI, FL. 33144*

TITLE *D*
NAME *GARCIA, ALFONSO*
STREET ADDRESS *8410 S.W. 4 ST.*
CITY-ST-ZIP *MIAMI, FL. 33144*

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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)(b), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JUAN J. GARCIA

4/29/02

305-971-0904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #