

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000004471**

1. Entity Name

R C CONSULTING GROUP, INC.**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90076 017 ***150.00

Principal Place of Business

**11431 N.W. 27TH STREET
PLANTATION FL 33323**

Mailing Address

**11431 N.W. 27TH STREET
PLANTATION FL 33323**

2. Principal Place of Business

2357 NW 139 Ave

Suite, Apt. #, etc.

3. Mailing Address

2357 NW 139 Ave

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-0979001

Applied For

Not Applicable

Zip

33323

Country

Broward

Zip

33323

Country

Broward5. 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

**ADAMS, CHARLES F
11431 N.W. 27TH STREET
PLANTATION FL 33323**

Name

Charles F. Adams

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

2357 NW 139 Ave

City

Sunrise**FL**

Zip Code

33323

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

**Charles F. Adams Jr.****4/1/01**

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------------------|------------------------|---------------------|---------------------------------|
| PD | ADAMS, CHARLES F | 11431 N.W. 27TH STREET | PLANTATION FL 33323 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------|-----------------|-------------------|--|-----------------------------------|
| PD | Charles F. Adams | 2357 NW 139 Ave | Sunrise, FL 33323 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------|------------------------|---------------------|---------------------------------|
| VD | ADAMS, MALVY | 11431 N.W. 27TH STREET | PLANTATION FL 33323 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------|-----------------|-------------------|--|-----------------------------------|
| VD | Malvy Adams | 2357 NW 139 Ave | Sunrise, FL 33323 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

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| | | | | <input type="checkbox"/> |

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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

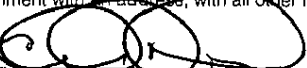
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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|-------|------|----------------|-------------|---------------------------------|
| | | | | <input type="checkbox"/> |

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

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:

**Charles F. Adams Jr.****4/1/01****(954) 553-6791**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)