

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000008938**

1. Entity Name

**J C'S MOBILE HOME SERVICE, INC.****FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90007 037 \*\*\*150.00

07-19-2001 90003 037 \*\*\*150.00

Principal Place of Business

**2537 E. 21ST PLAZA  
PANAMA CITY FL 32405**

Mailing Address

**2537 E. 21ST PLAZA  
PANAMA CITY FL 32405**

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

**59-3626929**

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

**CUTCHINS, JAMES E  
2537 E. 21ST PLAZA  
PANAMA CITY FL 32405**

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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  
**PD  
CUTCHINS, JAMES E  
2537 E. 21ST PLAZA  
PANAMA CITY FL 32405** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
CUTCHINS, MARGIE A  
2537 E. 21ST PLAZA  
PANAMA CITY FL 32405** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 SECURED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-01

(950)  
7648657

CR2E034 (5/01)

Attachment  
A0078164

## J C'S MOBILE HOME SERVICE, INC.

July 11, 2001

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Reinstatement of Corporate Document #P00000008938

Dear Sir or Madam:

Due to the fact that I never received my annual report form, I did not file a timely report.

Under these conditions your office told me to write you a letter of explanation, and send a check for \$150.00 to cover a reinstatement fee.

Thank you for your consideration.



Margie Cutchins

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038790

1. Entity Name  
RPJ PROPERTIES, INC.

Principal Place of Business  
7050 S.W. 86TH AVENUE  
MIAMI FL 33143

Mailing Address  
7050 S.W. 86TH AVENUE  
MIAMI FL 33143

Attachment

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1005453

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FIGUERAS, JUAN E ESQ.  
7050 S.W. 86TH AVENUE  
MIAMI FL 33143

Name

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

City

FL

Zip Code

3. 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
PSTD  
LUIS, RENE  
7050 S.W. 86TH AVENUE  
MIAMI FL 33143 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
LUIS, PABLO ASST.  
7050 S.W. 86TH AVENUE  
MIAMI FL 33143 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
FIGUERAS, JUAN E ASST.  
7050 S.W. 86TH AVENUE  
MIAMI FL 33143 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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SIGNATURE:

*Signature of Juan E. Figueras*

7-10-01 (305) 595-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (5/01)

043271 AV

LAW OFFICES  
**PARLADÉ & FIGUERAS**  
7050 SOUTHWEST 86TH AVENUE  
MIAMI, FLORIDA 33143-2426

ALBERTO J. PARLADÉ, ESQ.  
JUAN E. FIGUERAS, ESQ.

TELEPHONE (305) 595-2300  
FACSIMILE (305) 595-0408

Attachment  
A0078163  
P00000038790

July 10, 2001

Secretary of State  
Division of Corporation  
Caller Service #1500  
Tallahassee, Florida 32302-1500

RE: **FILING OF 2001 ANNUAL REPORT FOR:**  
**RPJ PROPERTIES, INC.**

Dear Sir or Madam:

This office represents the above referenced Corporation.

We hereby certify that our office never received the first (1st) notice or any other prior notice to file for the 2001 Uniform Business Report. Please advise if there is any Affidavit form or similar document that needs to be provided.

Enclosed herein please find check covering the following fee:

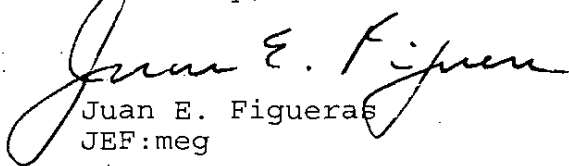
- Filing the 2001 Annual Report	\$ 150.00
- Certificate of Good Standing	\$ 8.75

TOTAL:	<hr/> \$ 158.75
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Upon filing the report, please return the enclosed copy stamped "FILED" along with the Certificate of Good Standing to the undersigned at your earliest possible convenience.

Should you have any questions and/or need any additional information do not hesitate to contact our office. Otherwise thank you for your attention in this matter.

Sincerely,

  
Juan E. Figueras  
JEF:meg

Enclosure