2001 ... UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050859

1. Entity Name

R J.C. of South FLA. Inc.

FILED
Aug 09, 2001 8:00 am
Secretary of State

07-18-2001 90011 040 ***158.75

Principal Place of Business | Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5300 W. Atlantic Ave	5300 W. Atlantic Ave
Suite, Apt. #, etc. Suite 701	Suite, Apt. #, etc. Suite 701
City & State Delray Beach Fl	City & State Delray Beach
Zip 33484 Country USA	Zip 33484 Country USA

4. FEI Number 65 1629350 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Aritch, Ryan J.

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 5300 W. Atlantic Ave.

Suite #701

City Delray FL Zip Code 33484

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 ______ 7/11/01

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	PD Critch, Ryan J ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 5300 W Atlantic Ave Delray Bch, Fl 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______ 7-30-01 7/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR