

2002 UNIFORM BUSINESS REPORT (UBR)

0319679 AV

DOCUMENT # P00000102066

1. Entity Name
R & C SHUTTLE SERVICES, INC.


| | |
|---|---|
| Principal Place of Business 1194 NORTHWEST 40TH AVENUE #408 LAUDERHILL FL 33313 | Mailing Address 1194 NORTHWEST 40TH AVENUE #408 LAUDERHILL FL 33313 |
|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

FILED

02 APR 22 PM 4:08

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|---|
| 4. FEI Number 65-1038558 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22 Street
4th Floor
City
Miami FL Zip Code
33145

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.

By: Natalia Utrera (NOTE: Registered Agent signature required when reinstating) DATE 4/19/02

SIGNATURE Natalia Utrera, Vice President

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD ROMAN, REGALO 1194 NORTHWEST 40TH AVENUE LAUDERHILL FL 33313 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JACKSON, CARLTON E 1194 NORTHWEST 40TH AVENUE LAUDERHILL FL 33313 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROMAN, MARIA D 1194 NORTHWEST 40TH AVENUE LAUDERHILL FL 33313 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000005389020--8 -04/30/02--01012--024 ****150.00 ****150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Regalo Roman **04-17-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)