

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90008 038 ***158.75

0596319 AT

DOCUMENT # P01000061926

1. Entity Name

R S C CONTRACT SERVICES, INC.

Principal Place of Business

**911 WEST 50TH PLACE
HIALEAH FL 33012**

Mailing Address

**911 WEST 50TH PLACE
HIALEAH FL 33012**

2. Principal Place of Business

3. Mailing Address

P.O. Box 28148

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Florida

4. FEI Number

65-1114768

Applied For

Not Applicable

Zip

Country

Zip

Country

33002

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

MEDINA, WALDO

**911 WEST 50TH PLACE
HIALEAH FL 33012**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **MEDINA, WALDO**
STREET ADDRESS **911 WEST 50TH PLACE**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VC** ☐ Change ☒ Addition
NAME **Saul Medina**
STREET ADDRESS **14786 NW 87 PLACE**
CITY-ST-ZIP **MIAMI LAKES 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

Waldo Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

786-229-4491

Daytime Phone #

CR2E034 (9/01)