

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90029 047 ***150.00

DOCUMENT # P01000073410

1. Entity Name

R AND C WORLD ENTERPRISES, INC.

R & C World Enterprises, Inc.

Principal Place of Business

8004 NW 154TH ST., #304
 MIAMI LAKES FL 33016-5814

Mailing Address

8004 NW 154TH ST., #304
 MIAMI LAKES FL 33016-5814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1126845

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILSON, RONALD
 16930 NW 14TH AVE.
 MIAMI FL 33169

7. Name and Address of New Registered Agent

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

TITLE PD
 NAME STANLEY, CONSTANCE Y
 STREET ADDRESS 18940 NW 14TH CT.
 CITY-ST-ZIP MIAMI FL 33169

☐ Delete

TITLE VD
 NAME WILSON, RONALD
 STREET ADDRESS 16930 NW 14TH AVE.
 CITY-ST-ZIP MIAMI FL 33169

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Constance Stanley Constance Stanley 4/24/02 (954) 497-4700

Date

Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE