

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90162 003 ***158.75

DOCUMENT # P02000017062

1. Entity Name

R.D.F., INC.



Principal Place of Business
3006 AVIATION AVE., STE. 4B
COCONUT GROVE FL 33133

Mailing Address
3006 AVIATION AVE., STE. 4B
COCONUT GROVE FL 33133

2. Principal Place of Business

1200 SOUTH FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

1200 SOUTH FEDERAL HWY
Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip 33020

Country

BROWARD

City & State

HOLLYWOOD FLORIDA

Zip

33020

Country

BROWARD

4. FEI Number

75-3022268

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CALVIN, ARTHUR B
3006 AVIATION AVE., STE. 4B
COCONUT GROVE FL 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME REUBEN D. FERNANDEZ, JR.
STREET ADDRESS 401 GOLDEN ISLES DRIVE #1012
CITY-ST-ZIP HALLANDALE, FL 33009

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE RANDI RAPP V. PRES.
NAME RANDI RAPP
STREET ADDRESS 1200 SOUTH FEDERAL HWY
CITY-ST-ZIP HOLLYWOOD, FL 33020

☐ Change

☒ Addition

☐ Change

☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

(786) 356-0492

CR2E034 (10/02)