

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90166 031 \*\*\*150.00

DOCUMENT # P02000115750

1. Entity Name  
RESTORATION AND CONSTRUCTION PROFESSIONALS, INC.



Principal Place of Business

~~4703 NW 72ND AVENUE~~  
~~MIAMI FL 33166~~

Mailing Address

~~4703 NW 72ND AVENUE~~  
~~MIAMI FL 33166~~

2. Principal Place of Business

8351 S.W. 187th

Suite, Apt. #, etc.

3. Mailing Address

8351 S.W. 187th

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33157

Country

City & State

Miami FL

Zip

33157

Country

4. FEI Number

33-1028113

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, HUBERTO  
4703 NW 72ND AVENUE  
MIAMI FL 33166

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

(NOTE: Registered Agent signature required when reinstating)

3/14/2003  
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 DP ☐ Delete  
NAME TORRES, HUBERTO  
STREET ADDRESS 8351 SW 187TH STREET  
CITY-ST-ZIP MIAMI FL 33157

TITLE ~~DP~~ ☒ Delete  
NAME ~~GAVIRIA, RAMON~~  
STREET ADDRESS ~~8703 SW 88TH FOREST #400~~  
CITY-ST-ZIP ~~MIAMI FL 33166~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Change ☒ Addition  
NAME Lourdes I.  
STREET ADDRESS 8351 SW 187th St  
CITY-ST-ZIP Miami FL 33157

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

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

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

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

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2003 (305) 298-0966  
Date Daytime Phone #

CR2E034 (10/02)