

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P38965**

1. Entity Name  
**REC I CORP.**

*REC I CORP*



FILED

03 JUL 28 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**5454 WISCONSIN AVE.  
SUITE 1265  
CHEVY CHASE MD 20815**

Mailing Address  
**5454 WISCONSIN AVE.  
SUITE 1265  
CHEVY CHASE MD 20815**

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 **52-1769426**

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

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
526 EAST PARK AVE.  
TALLAHASSEE FL 32301**

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 of the current registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **RUBIN, MICHAEL D.**  
STREET ADDRESS **5454 WISCONSIN AVE STE 1265**  
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE ☐ Change ☐ Addition  
NAME **500022166175**  
STREET ADDRESS **08/08/03--01038--021**  
CITY-ST-ZIP **\*\*150.00**

TITLE **VPT** ☐ Delete  
NAME **MAHIEUX, JEAN-MARIE**  
STREET ADDRESS **5454 WISCONSIN AVE STE 1265**  
CITY-ST-ZIP **CHEVY CHASE MD 20815**

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

TITLE **S** ☐ Delete  
NAME **LYONS, BRUCE D**  
STREET ADDRESS **5454 WISCONSIN AVE STE 1265**  
CITY-ST-ZIP **CHEVY CHASE MD 20815**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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)(b), 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

**CAPITOL INVESTMENT ASSOCIATES CORPORATION**  
5454 WISCONSIN AVENUE  
SUITE 1265  
CHEVY CHASE, MARYLAND 20815  
(301) 951-8811 □ FAX (301) 951-3585

July 25, 2003

Secretary of State  
State of Florida  
Division of Corporations  
406 E. Gaines Street  
Tallahassee FL 32399

Subject: Replacement 2003 Uniform Business Report and Check  
Rec I Corp

Dear Sir or Madam:

Earlier this month we sent in the 2003 Uniform Business Reports together with a check for \$550. This included a penalty of \$400. However as we had not received this report before, we would like to request that the penalty be waived. In order to expedite this process, we have stopped payment on the original check and hereby submit a copy of the report and a check in the amount of \$150. Please note also that we also sent a duplicate report with another check for \$550 for this entity. Please disregard this duplicate report and note that we have stopped payment on this second check.

Please call me at 301-951-8811 x 19 if you need any further information.

Sincerely,



Lester S. Steinfeld  
Chief Financial Officer