

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90148 039 ***150.00

DOCUMENT # P93000073057
1. Entity Name
R C F ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
911 RED ROAD
Suite, Apt. #, etc.

3. Mailing Address
911 RED ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-0443921

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
33144

Country
MIAMI-DADE

Zip
33144

Country
MIAMI-DADE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RENE C. FRANCIS

Street Address (P.O. Box Number is Not Acceptable)
911 RED ROAD

City
MIAMI **FL** Zip Code
33144

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRANCIS, RENE C 911 RED ROAD MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/21/02 305 630-2748**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #