

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033731

1. Entity Name  
R.C. INTERNATIONAL AIRCRAFT CORP  
8001 W. 26 AVE # 4  
HIALEAH, FL. 33016

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
SAME AS ABOVE  
Suite, Apt. #, etc.

3. Mailing Address  
SAME AS ABOVE  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0451559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 7. Name and Address of Current Registered Agent

Name

PEDRO R. GONZALEZ

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

8001 W. 26 AVE # 4

HIALEAH, FL. 33016

City

FL

Zip Code

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IN THIS SPACE**

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) ☐

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	P LIZAM J. PEREZ 518 E. 18 ST HIALEAH, FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

305-885-1658

Daytime Phone #