

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007906

1. Entity Name  
R.C. 7 ENTERPRISES, INC.

Principal Place of Business  
91421 OVERSEAS HWY., #7  
TAVERNIER FL 33070

Mailing Address  
91421 OVERSEAS HWY., #7  
TAVERNIER FL 33070

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 **65-0553069**      Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CASTELLANOS, RAFAEL J  
91421 OVERSEAS HWY., #7  
TAVERNIER FL 33070

## 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.

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)     

**FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$550.00  
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

		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	<b>D</b> CASTELLANOS, RAFAEL J 91421 OVERSEAS HWY., #7 TAVERNIER FL 33070	<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rafael J. Castellano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 13058529663

Date

Daytime Phone #