2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am DOCUMENT # P96000026015 **Secretary of State** 1. Entity Name 03-26-2002 90055 044 ***150.00 RJT INTERNATIONAL, INC. Principal Place of Business Mailing Address 9546 SW 156 PLACE 9546 SW 156 PLACE MIAMI FL 33196 MIAMI FL 33196 2. Principal Place of Business 3. Mailing Address 2*05*31 2053 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0653478 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAEL TORO, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 9546 SW 156 PLACE **MIAMI FL 33196** 8. The above named submits this statement fo<u>r t</u>he purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 — 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PCT** TORO, RAFAEL TITLE ☐ Delete TITLE ☐ Addition TORO, RAFAEL NAME NAME SW SO PLACE STREET ADDRESS 9546 SW 156 PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS = CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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 of trusted impowered 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

MINITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/18/02

9542529791

Change

☐ Addition

FILED