

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90027 009 ***150.00

DOCUMENT # P96000072085

1. Entity Name
RCG TECHNOLOGIES, INC.



Principal Place of Business
**269 NW 125 AVE
MIAMI FL 33182
US**

Mailing Address
**269 NW 125 AVE
MIAMI FL 33182
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 544

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAVERNIER, FL. 33070

Zip

Country

Zip

Country

33070

MONROE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, WILLIAM
GARCIA & AVELLAN, P.A.
201 ALHAMBRA CIRCLE, SUITE 500
CORAL GABLES FL 33134**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
RUIZ, EMILIO
10655 N.W. 29TH TERR
MIAMI FL**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPS
RUIZ, CHRISTINA
10655 N.W. 29TH TERR
MIAMI FL**

☐ Delete

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/03

3052183627

CR2E034 (10/02)