

2000 UNIFORM BUSINESS REPORT (UBR)

3/3

FILED

May 11, 2000 8:00 am
Secretary of State

03-30-2000 90008 042 ***150.00

DOCUMENT # P97000028032

1. Entity Name

RAPCAM, INC.

Principal Place of Business

1701-A NORTHWEST 1ST AVENUE
BOCA RATON FL 33432

Mailing Address

1701-A NORTHWEST 1ST AVENUE
BOCA RATON FL 33432-1709

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 65-0745001

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUEVAS, JAVIER
1701 A NW 1 AVE
BOCA RATON FL 33432

Name ALEX DECASTRO

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

1701 NW 1 AVENUE

City BOCA RATON

FL

Zip Code

33432

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD	CUEVAS, JAVIER	1701-A NORTHWEST 1ST AVENUE BOCA RATON FL 33432		PSTD	Alex De Castro	1701 NW 1 Avenue Boca Raton FL 33432
					SECRET	JUAN C. VERGARA	1701 NW 1 AVE BOCA RATON, FL. 33432

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)