## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## DOCUMENT # **P97000064885**

Country

1. Entity Name

Principal Place of Business

2. Principal Place of Business

LEON, RAFAEL-

8214 NW 14 ST **MIAMI FL 33126** 

Suite, Apt. #, etc.

City & State

Zip

R.D.L. & ASSOCIATES, INC.

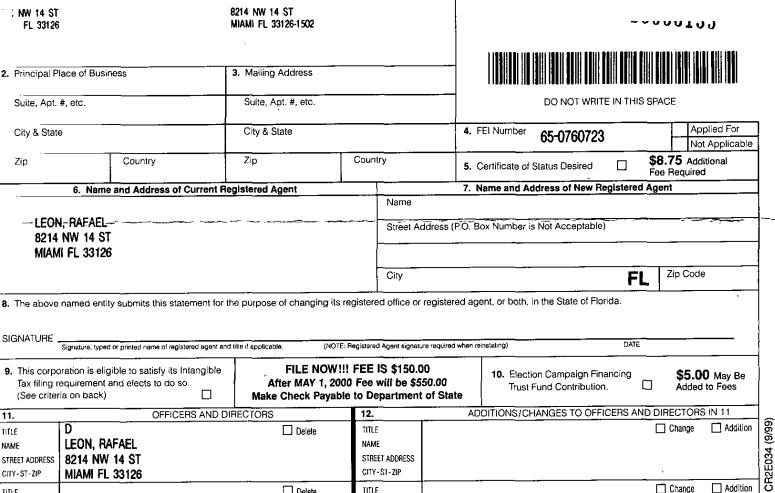
FL 33126	8214 NW 14 ST Miami FL 33126-1502

6. Name and Address of Current Registered Agent

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

## **FILED** May 08, 2000 8:00 am Secretary of State

05-08-2000 90088 004 \*\*\*150.00



Tax filing r	oration is eligible to sa equirement and elect ria on back)	-	FILE NOW!!! After MAY 1, 2000 Make Check Payable		i0.00 of State	10. Election Campaign Financing Trust Fund Contribution.	L Added	May Be to Fees
11.		OFFICERS AND DIF	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, RAFAEL 8214 NW 14 ST MIAMI FL 33126		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	-		☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS GITY- ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

Country

Name

City

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

SIGNATURE:

② !!!.. と 性 じゅじょ ∃は… ひ SIGNATURE AND TYPED OR PRINTED I ME OF SIGNING OFFICER OR DIRECTOR