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2001 UNIFORM BUSINESS REPORT (UBR)

Jul 13, 2001 8:00 am Secretary of State DOCUMENT # P97000073208 06-14-2001 90007 008 ***500.00 RD ATLANTIC ASSOCIATES, INC. 07-13-2001 90007 050 ****50.00 Principal Place of Business Mailing Address LUUI 94AT 10729 SW 104 ST 10729 SW 104 ST MIAMI FL 33176 MIAMI FL 33176 3. Mailing Address 2. Principal Place of Business Suite. Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0789166 Not Applicable Zip Country Country \$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 Nаme KUPERSTEIN, STANLEY H Street Address (P.O. Box Number is Not Acceptable) 100 SE SECOND ST **SUITE 2800** MIAMI BEACH FL 33131 City Zip Code FL 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, typed or printed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) · FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete Change | ■ Addition TITLE TITLE DEMEO, RONALD MD NAME NAME 140 JEFFERSON AVENUE UNITE #14020 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE Delete TIDE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y-ST-7/P CITY-ST-7IF TITLE ☐ Addition ☐ Deleta TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 7111F ☐ Delete TITLE ☐ Change ncitibbA [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 it 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 it SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



RD ATLANTIC ASSOCIATES, INC. 10729 SW 104 ST MIAMI, FL 33176

Subject: RD ATLANTIC ASSOCIATES, INC.

Reference

P97000073208

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$500.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JG ANNUAL REPORTS SECTION