

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008044

1. Entity Name

R.C.J. CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90414 039 ***150.00

Principal Place of Business

Mailing Address

9733 ARBOR OAKS LANE
 STE 206
 BOCA RATON FL 33428

9733 ARBOR OAKS LANE
 STE 206
 BOCA RATON FL 33433-2238

2. Principal Place of Business

8554 VIA SERENA

3. Mailing Address

SAME #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 BOCA RATON FL

City & State

4. FEI Number

65-0815978

Applied For
 Not Applicable

Country
 USA

Zip

Country

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

FURLANI, RUBEN SERGIO
 9733 ARBOR OAKS LANE
 STE 206
 BOCA RATON FL 33428

Name

FURLANI, RUBEN SERGIO

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

8554 VIA SERENA

City

BOCA RATON

FL

Zip Code

33428

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  DATE 02/8/2000

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 State

10. 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
 DPS
 FURLANI, RUBEN SERGIO
 9733 ARBOR OAKS LANE, #206
 BOCA RATON FL 33428

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVT
 ARAUJO, FURLANI F
 9733 AROBR OAKS LANE #206
 BOCA RATON FL 33428

TITLE
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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 #

02/8/2000 (561) 482 8609

CR2E034 (9/99)