

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017628

1. Entity Name

RDC FL, INC.

Principal Place of Business

725 N. MAGNOLIA AVE.  
ORLANDO FL 32803

Mailing Address

725 N. MAGNOLIA AVE.  
ORLANDO FL 32803-3808

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

52-2169949

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

SWIREN, L B  
725 NORTH MAGNOLIA AVE.  
ORLANDO FL 32803

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.

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 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	ST	<input type="checkbox"/> Delete
NAME	HEYLBROECK, ALBERT	
STREET ADDRESS	5745 AUTEVIL	
CITY-ST-ZIP	BROSSARD, QUEBEC, J4Z1M6 CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAXIME, CHARETTE	
STREET ADDRESS	203 PIERRE HEROUX	
CITY-ST-ZIP	LAVAL, QUEBEC, H1L3Z2 CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZALOUM, MICHEL	
STREET ADDRESS	934 DU TREMBLAY	
CITY-ST-ZIP	ST-BRUNO QUEBEC J3V 3N5	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT TROTTIER	
STREET ADDRESS	81 TABOUSSAC	
CITY-ST-ZIP	AYLMER, QUEBEC, J9J 2M9 CA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

20 April, 2000 819-772-1997  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)