

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051822

1. Entity Name

R.C. REAL ESTATE, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91237 043 ***150.00

Principal Place of Business

1140 N.E. 163 ST.,#7
N. MIAMI BEACH FL 33162

Mailing Address

1140 N.E. 163 ST.,#7
N. MIAMI BEACH FL 33162

2. Principal Place of Business

700 NE 40th #1

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 502

Suite, Apt. #, etc.

MALLANDE

City & State

MALLANDE

City & State

FLORIDA

Zip

33009

Country

U.S.A.

Zip

33008

Country

USA

4. FEI Number

65-0917963

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUNZ, NANCY A
1140 N.E. 163 ST.,#7
N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

NANCY A. LUNZ

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

700 NE 40th #1

City

MALLANDE, FL 33008

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, 2001 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

TITLE PS
NAME LUNZ, NANCY A
STREET ADDRESS 1140 N.E. 163 ST.,#7
CITY-ST-ZIP N. MIAMI BEACH FL 33162 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
P.O. Box 502
MALLANDE, FL 33008

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

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

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

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

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

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 (10/00)