

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071307

1. Entity Name

RWC & ASSOCIATES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90050 008 ***150.00

| | |
|---|--|
| Principal Place of Business 8362 PINES BOULEVARD #275 PEMBROKE PINES FL 33024 | Mailing Address 8362 PINES BOULEVARD #275 PEMBROKE PINES FL 33024-6600 |
|---|--|

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|---|---|
| 2. Principal Place of Business 3400 NW 79 AVE Suite, Apt. #, etc. 233 City & State MIAMI, FL | 3. Mailing Address Suite, Apt. #, etc. City & State |
| Zip 33166 Country U.S.A. | Zip Country |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 65-0860863 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|--|
| 6. Name and Address of Current Registered Agent CASTILLO, WALTER 1303 NW 122ND TERRACE PEMBROKE PINES FL 33026 | 7. Name and Address of New Registered Agent 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] DATE 2/10/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 | PD CASTILLO, WALTER 8362 PINES BOULEVARD #275 PEMBROKE PINES FL 33024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CASTILLO, RAMON A 8362 PINES BOULEVARD #275 PEMBROKE PINES FL 33024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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] DATE 2/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)