

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000084168

1. Entity Name
R.N.D.C. 24, INC.

Principal Place of Business

4700 NW 132ND ST
MIAMI FL 33054

Mailing Address

4700 NW 132ND ST
MIAMI FL 33054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0869041

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.
100 SE 2ND ST, STE 2620
MIAMI FL 33131

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, 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, 2002 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 PD
NAME KLODA, RUBEN
STREET ADDRESS 4700 NW 132ND ST
CITY-ST-ZIP MIAMI FL 33054 ☐ Delete

TITLE SDT
NAME WHITEBOOK, DANIEL S
STREET ADDRESS 4700 NW 132ND ST
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE VD
NAME GOTTLIEB, NEIL
STREET ADDRESS 4700 NW 132ND ST
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE VD
NAME LERMAN, CARLOS
STREET ADDRESS 4700 NW 132ND ST
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ 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

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
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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

Debit Phone #

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90003 048 ***158.75

900103



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)