

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000101750**

1. Entity Name

R. T. R. Communications, Inc.

Principal Place of Business

Mailing Address

**1044 corkwood street
Hollywood, FL 33019**

**1044 Corkwood St.
Hollywood, FL 33019**

2. Principal Place of Business

1044 Corkwood St.

Suite, Apt. #, etc.

3. Mailing Address

1044 Corkwood St.

Suite, Apt. #, etc.

City & State

Hollywood, FL 33019

City & State

Hollywood, FL 33019

Zip

33019

Country

USA

Zip

33019

Country

USA

4. Filing Number

65-0894578

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

**Rubinton, Jeffrey A Esq.
515 E. Las Olas Blvd.
Suite # 1050
Ft. Lauderdale, FL 33301**

Name

Lukin, Ariel Mario

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

1044 Corkwood Street

City

Hollywood,

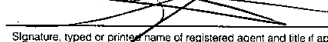
FL

Zip Code

33019

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



Lukin, Ariel Mario R.A. 8-6-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to:
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **Lukin, Javier L.** ☒ Delete
STREET ADDRESS **499 Sheridan St.**
CITY-ST-ZIP **Ste. #201 Dania, FL 33004**

TITLE **D**
NAME **Lukin, Rita** ☒ Delete
STREET ADDRESS **499 Sheridan St.**
CITY-ST-ZIP **Ste. #201 Dania, FL 33004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS **RITA WAGMAN DE LUKIN**
CITY-ST-ZIP **1044 CORKWOOD STREET
HOLLYWOOD, FL 33019**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **LUKIN EZEQUIEL**
CITY-ST-ZIP **9536 NW 8th Circle
PLANTATION, FL 33324**

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **ARIEL LUKIN**
CITY-ST-ZIP **1044 CORKWOOD ST
HOLLYWOOD FL 33019**

TITLE ☐ Change ☐ Addition
NAME **600004586356-4**
STREET ADDRESS **-09/13/01--01002--012**
CITY-ST-ZIP ******300.00 ****300.00**

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



8-6-01

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-2001 UBR

CR2E037 (11/00)