

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001035

1. Entity Name

RVT ENGINEERS GROUP CORPORATION

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90003 023 ***150.00

Principal Place of Business

8410 W. FLAGLER STREET, SUITE NO. 208
MIAMI FL 33144

Mailing Address

8410 W. FLAGLER STREET, SUITE NO. 208
MIAMI FL 33144-2092

2. Principal Place of Business

4585 SW 139th B
Suite, Apt. #, etc.
B

3. Mailing Address

4585 SW 139th
Suite, Apt. #, etc.
B

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0903333

Applied For-

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELA TRUJILLO, RAFAEL
8410 W. FLAGLER STREET, SUITE NO. 208
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

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

4585 SW 139th

City

MIAMI

FL

Zip Code

33125

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

1-27-00

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

TITLE ☐ Delete
NAME P
STREET ADDRESS VELA TRUJILLO, RAFAEL
CITY-ST-ZIP 8410 W. FLAGLER STREET, SUITE NO. 208
MIAMI FL 33144

TITLE ☐ Delete
NAME S
STREET ADDRESS TRUJILLO DE VELA, MARTHA
CITY-ST-ZIP 8410 W. FLAGLER STREET, SUITE NO. 208
MIAMI FL 33144

TITLE ☐ Delete
NAME T
STREET ADDRESS JURICH, ROXANA
CITY-ST-ZIP 8410 W. FLAGLER STREET, SUITE NO. 208
MIAMI FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4585 SW 139th B
CITY-ST-ZIP MIAMI FL 33125

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4585 SW 139th B
CITY-ST-ZIP MIAMI FL 33125

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1-27-00

CR2E034 (9/99)