

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-07-2002 90235 001 ***150.00

DOCUMENT # **P99 000001035**

1. Entity Name

RVT ENGINEERS GROUP CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11154 SW 71 Lane

Suite, Apt. #, etc.

3. Mailing Address

6810 DIANE DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State,
Miami, Florida

City & State
West Bend

4. FEI Number **650903333**

Applied For

Not Applicable

Zip
33173

Country
USA

Zip
WI 53090

Country
USA

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

7. Name and Address of Current Registered Agent

Name **Rafael Vela Trojillo**

Street Address (P.O. Box Number is Not Acceptable)
11154 SW 71 Lane

City **Miami FL** Zip Code **33173**

**DO NOT WRITE
IN THIS SPACE**

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 fee, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04.22.02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	VELA TRUJILLO, RAFAEL	11154 SW 71st LANE	Miami, FL 33173
SECRETARY	TRUJILLO DE VELA, MARTHA	11154 SW 71st LANE	Miami, FL 33173
TREASURER	JURICH, ROXANA	11154-SW-71st LANE	Miami, FL 33173

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.22.02

Date

262 675 6499

Daytime Phone #

262 675 0877

CR2E034B (12/01)