

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90015 037 ***150.00

DOCUMENT # P990000040769

1. Entity Name
R G C INC.

Principal Place of Business

**5350 NW 114TH AVE.
 #106
 MIAMI FL 33178**

Mailing Address

**5350 NW 114TH AVE.
 #106
 MIAMI FL 33178**

2. Principal Place of Business

19350 SW 29 CT

3. Mailing Address

19350 SW 29 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33029 USA

Zip

33029 USA

4. FEI Number

65-0917995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CABANBAN, REYNALDO G
 5350 NW 114TH AVE.
 #106
 MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name **CABANBAN, REYNALDO G**
 Street Address (P.O. Box Number is Not Acceptable)
19350 SW 29 CT
 City **MIRAMAR FL** Zip Code **33029**

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 **REYNALDO G. CABANBAN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/02

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	<input type="checkbox"/> Delete
NAME	CABANBAN, REYNALDO G JR.	
STREET ADDRESS	5350 NW 114TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABANBAN, REYNALDO G. JR.	
STREET ADDRESS	19350 SW 29 CT	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

REYNALDO G. CABANBAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02 (305) 606-2401
 Date Daytime Phone #

CR2E034 (9/01)