2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P99000040

1. Entity Name R G C INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90111 031 ***150.00

)769	

Principal Place of Business 19350 SW 29 CY 19350 SW 29 CY MIRAMAR FL 33029 #106 MIRAMAR FL 33029										
2. Principal (Place of Business SW 24 GT.	3. Mailing Address	24 ST	-		F a n 1997 1997 1998 1998	OREN COME DE		1414 1414 14 9 4	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			CHECK HEF	RE IF MAKI	NG CHANGES		
	HMAR FL	City & State M. P.A.MAR	FL		4. FEI Numb	oer 65-09179 9	95		oplied For ot Applicable	
^{Zip} 330	027 Country	Zip 33027	Country		5. Certificate	e of Status Desired	ı 🗆	\$8.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent			7. Name and	d Address of New	Registere	d Agent		
CABANBAN, REYNALDO G 19350 SW 29 CT				Name CABAHBAH, REYNALDO G. Street Address (P.O. Box Number is Not Acceptable)						
MIRAMAR		851	sw	24 57						
			City 🖊	II RAM	IAR			Zip Cod	3027	
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or	registered	d agent, or bo	oth, in the State of I	Florida. I a	m familiar with,	and accept	
SIGNATURE .	Am Cohanton Signature Lyped of printed name of registered agentar	A RETHAL!	Registered Agent signatu	PAN use required with	gen rejectation		1/7	103		
F Aftè	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of				9. El	ection Campaign I ust Fund Contribut			0 May Be I to Fees	
10. 🔨	OFFICERS AND D	DIRECTORS	11.		ADDITIONS.	/CHANGES TO OF	FICERS AI	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cabanban, reynaldo g Jr. 19350 SW 29 CT Miramar Fl 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IS85	NBAN, G	24 ST FL 330	G- J	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		10.			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			/g.•	.,	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · ·		· · · · · ·		☐ Change	Addition	
TITLE		☐ Delete	TITLE			**		☐ Change	Addition	

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 607, 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

QUIRREDNAL SO G. CABANBAN

(305)606-2401

☐ Change

■ Addition

Daytime Phone #