

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067324

1. Entity Name

RLM CONSTRUCTION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90044 036 ***150.00

Principal Place of Business

10054 NORTHWEST 5TH STREET
PLANTATION FL 33324

Mailing Address

POST MAIL BOX 127
4747 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021-6503

2. Principal Place of Business

6191 ORANGE DRIVE

3. Mailing Address

6191 ORANGE DRIVE

Suite, Apt. #, etc.

SUITE 6157-D

Suite, Apt. #, etc.

SUITE 6157-D

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

4. FEI Number

65-0945367

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

CAROLYN A. RAPUZZI

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

6191 ORANGE DRIVE

SUITE 6157-D

City

DAVIE

FL

Zip Code

33314

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

Carolyn A. Rapuzzi

4/15/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEEF, J R 10054 NORTHWEST 5TH STREET PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAPUZZI, CAROLYN A 10054 NORTHWEST 5TH STREET PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6191 ORANGE DRIVE, SUITE 6157-D DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6191 ORANGE DRIVE, SUITE 6157-D DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

J.R. KEEF
J.R. KEEF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

(954) 581-9020

Daytime Phone #

CR2E034 (9/99)