

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90306 010 ***150.00

0273401 AV

DOCUMENT # P99000070794

1. Entity Name

R.A. CAPITAL, INC.

Principal Place of Business

~~9330 SOUTHWEST 72ND STREET~~
~~SUITE 115~~
~~MIAMI FL 33173~~

Mailing Address

~~9330 SOUTHWEST 72ND STREET~~
~~SUITE 115~~
~~MIAMI FL 33173~~

2. Principal Place of Business

8900 S.W. 117th Ave.

Suite, Apt. #, etc.

B-104

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Address

8900 SW 117th Ave.

Suite, Apt. #, etc.

B-104

City & State

Miami, FL

Zip

33186

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMEIDA, RODNEY

~~9330 SW 72 ST~~

~~STE 115~~

~~MIAMI FL 33173~~

7. Name and Address of New Registered Agent

Name

Rodney Almeida

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

8900 S.W. 117th Ave.

Suite B-104

City

Miami

FL

Zip Code

33186

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] **Rodney Almeida**

3/4/02

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, 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 ☐ Delete
NAME **PSTD**
ALMEIDA, RODNEY
STREET ADDRESS **9330 SOUTHWEST 72ND STREET**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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 **8900 S.W. 117 Ave. Ste. B-104**
CITY-ST-ZIP **miami, FL. 33186**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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, 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] **Rodney Almeida**

3/4/02

305-596-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)