## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000077847

RT REALTY, INC.

Principal Place of Business	Mailing Address				
BITTER ORANGE AVE	5802 BITTER ORANGE AVE TAMPA FL 33625-1954				
•					
A Drivered Disease Registers	2 Mailing Address				

## **FILED** Apr 24, 2000 8:00 am Secretary of State 04-24-2000 90142 014 \*\*\*150.00



Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State			City & State			4. F	El Number	10	8	Ap	plied For
							59-05971	159719		No	ot Applicable
Zip		Country	Zip Cour		try	<b>5.</b> C				.75 Additional Required	
	6. Name	and Address of Current Re	gistered Agent			_7. N	ame and Address of New Re	gister	ed Ag	ent	
			<del></del>		Name						
GOLD, AARON J			Street Address (P.O. Box Number is Not Acceptable)								
704 WEST BAY ST											
IAMI	PA FL 336(	)6									
					City FL Zip Code					e	
8 The above	named entit	by submits this statement for th	e purpose of changing i	te register	ed office or re	enistered and	ent, or both, in the State of Flori	da			
e. The above	Harneu enti	ly submits this statement for th	ie purpose or changing r	to register	ou onice or re	gistored age	sit, or both, in the state of Fior	ou.			
SIGNATURE .	Oi	or printed name of registered agent and	tale if applicable (Alf	TT. Pagistors	d Agent signature	required when rei	netation	DA	TE	<del></del>	
<u>-</u>	Signature, typed	or printed harne of registered agent and	itte ir applicable. (140	ZIE. negistere	u Agerit signature	ledning when tel	restament.				
9. This corpo	oration is elig	pible to satisfy its Intangible	FILE NOV	V!!! FEE	IS \$150.00	ı	10 Flootion Campaign Fina	ncina		¢s o	<b>O</b> May Be
Tax filing requirement and elects to do so. After MAY 1, 2000 Fee				2000 Fee	will be \$550	0.00	10. Election Campaign Financing Trust Fund Contribution.				to Fees
(See criter	ria on back)		Make Check Paya	able to De	epartment o	of State	Trade, and contained			,,,,,,,,	
11.		OFFICERS AND DI	RECTORS	12.		ADI	DITIONS/CHANGES TO OFFIC	ERS	AND D	IRECTOR	S IN 11
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<ol> <li>13. I hereby of indicated</li> </ol>	certify that th I on this repo	le information supplied with that or supplemental report is tru	is filing does not qualify t ue and accurate and that	tor the exe t my signa	mption stated ture shall hav	in Section 1 e the same f	19.07(3)(i), Florida Statutes. I i egal effect as if made under oa	urther th; th	certifi at I am	y tnat the i an officer	or director

of the corporation of the receiver or trusted 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.

