

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90036 026 ***150.00

DOCUMENT # P99000084687

1. Entity Name
RC INT'L GROUP, INC.

Principal Place of Business

2547 JARDIN LANE
WESTON FL 33327

Mailing Address

2547 JARDIN LANE
WESTON FL 33327

2. Principal Place of Business

12885 SW 42nd

3. Mailing Address

P.O. BOX 820205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI - FL

City & State
PEMBROKE PINES

4. FEI Number **65-0951730**

Applied For

Not Applicable

Zip **33175**

Country **US**

Zip **33082**

Country **US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FERNANDEZ, CRISTINA P
1365 STILLWATER DRIVE
MIAMI BEACH FL 33141-1029

7. Name and Address of New Registered Agent

Name **CALARESE ROBERTO**

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

531 NW 205th AVE.

PEMBROKE PINES

FL

Zip **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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CALARESE, ROBERTO**
STREET ADDRESS **2547 JARDIN LANE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **VD** ☒ Delete
NAME **CALARESE, MARIA**
STREET ADDRESS **2547 JARDIN LANE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PD** ☒ Change ☐ Addition
NAME **CALARESE ROBERTO**
STREET ADDRESS **531 NW 205th AVE.**
CITY-ST-ZIP **PEMBROKE PINES - FL 33029**

TITLE **VP** ☒ Change ☐ Addition
NAME **CALARESE MARIA**
STREET ADDRESS **531 N.W. 205th AVE.**
CITY-ST-ZIP **PEMBROKE PINES - FL 33029**

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

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

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-02

CR2E034 (9/01)