

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085171

1. Entity Name

R.C. SERVICES CONTRACTORS, CORP.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90025 022 ***150.00

Principal Place of Business

294 N.E. 41ST ST.
OAKLANDPARK FL 33334

Mailing Address

294 N.E. 41ST ST.
OAKLANDPARK FL 33334-1318

2. Principal Place of Business

8510 SUNRISE LAKES BLVD

3. Mailing Address

8510 SUNRISE LAKES BLVD

Suite, Apt. #, etc.

#107

Suite, Apt. #, etc.

#107

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33322

Country

Zip

33322

Country

4. FEI Number

65-0956368

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

CALVI, RAYDEL J
294 N.E. 41ST ST.
OAKLANDPARK FL 33334

Name

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

City

FL

Zip Code

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

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 PD
NAME CALVI, RAYDEL J
STREET ADDRESS 294 N.E. 41ST ST.
CITY-ST-ZIP OAKLANDPARK FL 33334 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

3/01/00

Date

Daytime Phone #

CR2E034 (9/99)