

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096526

1. Entity Name

RCG GROUP, INC.

Principal Place of Business

8851 NW 117TH STREET  
HIALEAH GARDENS FL 33016

Mailing Address

8851 NW 117TH STREET  
HIALEAH GARDENS FL 33018-1946

2. Principal Place of Business

7710 SW 98 ST

Suite, Apt. #, etc.

3. Mailing Address

8851 NW 117 ST

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Hialeah Gardens FL

4. FEI Number

65-0074722

Applied For

Not Applicable

Zip

33156

Country

MIAMI Dade

Zip

33018

Country

Miami Dade

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAGAROLAS, MAURICIO ESO  
815 PONCE DE LEON BLVD., SECOND FLOOR  
CORAL GABLES FL 33134-3007

7. Name and Address of New Registered Agent

Name ROBERTO F. JIMENEZ

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

1116 Sorolla Ave

City

Coral Gables

FL

Zip Code

33134

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 of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-00

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

TITLE PRESIDENT  
NAME ROBERTO F. JIMENEZ  
STREET ADDRESS 1116 Sorolla Ave  
CITY-ST-ZIP Coral Gables FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President  
NAME CATALINA JIMENEZ  
STREET ADDRESS 1116 Sorolla Ave  
CITY-ST-ZIP Coral Gables FL 33134

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

1-13-00

Date

305-821-8111

Daytime Phone

CFR2034 (9/99)