

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90063 037 ***150.00

DOCUMENT # P99000111343

1. Entity Name
RCL INTERNATIONAL, INC.

Principal Place of Business Mailing Address
5802 DEWEY STREET 5802 DEWEY STREET
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023

2. Principal Place of Business 3. Mailing Address
1815 N. State 1815 N. State

Suite, Apt. #, etc. Suite, Apt. #, etc.
Rd 7 Rd 7

City & State City & State
Margate FL Margate FL

Zip Country Zip Country
33063 Broward 33063 Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0969653** 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

COHEN, BRADFORD M
200 S.E. 6TH ST., SUITE 306
FT. LAUDERDALE FL 33301

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 _____ (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, 2001 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	P	<input type="checkbox"/> Delete
NAME	PAFFORD, CURT	
STREET ADDRESS	5802 DEWEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, RICHARD	
STREET ADDRESS	5802 DEWEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/19/01* Daytime Phone #: *954 978-1900*

U125202

CR2E034 (10/00)