

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90076 037 \*\*\*163.75

0209180

**DOCUMENT # S11133**

1. Entity Name

**R.C.S. EQUIPMENT, INC.**

Principal Place of Business

**7211 N.W. 79TH TERRACE  
 MIAMI FL 33166  
 US**

Mailing Address

**7211 N.W. 79TH TERRACE  
 MIAMI FL 33166  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0242364**

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

**SANTORSOLA, ROCCO  
 16446 ERIE PLACE  
 DAVIE FL 33331**

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, 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **SANTORSOLA, ROCCO**  
 CITY-ST-ZIP **16446 ERIE PLACE**  
**DAVIE FL**

TITLE ☒ Change ☐ Addition  
 NAME **SANTORSOLA, ROCCO**  
 STREET ADDRESS **16446 Erie Place**  
 CITY-ST-ZIP **Davie, FL 33334**

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **SANTORSOLA, LINDA**  
 CITY-ST-ZIP **16446 ERIE PLACE**  
**DAVIE FL**

TITLE ☐ Change ☒ Addition  
 NAME **P**  
 STREET ADDRESS **STEFFENS, CARLOS**  
 CITY-ST-ZIP **Urb. Dorado Del Mar, Villa De Gulf East #71, Dorado, P.R. 00646**

TITLE ☒ Delete  
 NAME **V**  
 STREET ADDRESS **SANTORSOLA, LISA**  
 CITY-ST-ZIP **16446 ERIE PLACE**  
**DAVIE FL**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **RAMIREZ, ARAMIS**  
 CITY-ST-ZIP **Bo. Yeguada, Urbanicacion Palma Real#6, Vega Bajo, Puerto Rico 00693**

TITLE ☒ Delete  
 NAME **V**  
 STREET ADDRESS **GILBREATH, JACK**  
 CITY-ST-ZIP **222 ANDRETTI AVE**  
**SEBRING FL 33870**

TITLE ☐ Change ☒ Addition  
 NAME **V**  
 STREET ADDRESS **STOKES, ALICIA**  
 CITY-ST-ZIP **4248 East 9th Court**  
**Hialeah, FL 33013**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

*Linda Santorsola*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ST April 6th, 2001

Date

305-889-0700

Daytime Phone #

Linda Santorsola

CR2E034 (10/00)