

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90353 011 ***158.75

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

12937 W. Okeechobee Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Cond. D # 2,3

City & State

City & State

Hialeah Gardens, FL.

4. FEI Number

65-0242364

Applied For

Not Applicable

Zip

Country

Zip

Country

33018

USA

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, 2002 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	V	<input type="checkbox"/> Delete
NAME	SANTORSOLA, ROCCO	
STREET ADDRESS	16446 ERIE PLACE	
CITY-ST-ZIP	DAVIE FL 33334	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SANTORSOLA, LINDA	
STREET ADDRESS	16446 ERIE PLACE	
CITY-ST-ZIP	DAVIE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEFFENS, CARLOS	
STREET ADDRESS	URB. DORADO DEL MAR, VILLA DE GULFE # 71	
CITY-ST-ZIP	DORADO PR 00646	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAMIREZ, ARAMIS	
STREET ADDRESS	BO. YEGUADA, URBANICACION PALMA REAL # 6	
CITY-ST-ZIP	VEGA BAJO PR 00693	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOKES, ALICIA	
STREET ADDRESS	4248 East 9th Court	
CITY-ST-ZIP	Hialeah, FL. 33013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]* **SANTORSOLA, LINDA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 15, 2002 (305) 889-0700

Date

Daytime Phone #

CR2E034 (9/01)