

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91457 040 ***150.00

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
**12937 W OKEECHOBEE RD
COND. D# 2.3
HIALEAH GARDENS FL 33018
US**



2. Principal Place of Business
**12937 W. Okeechobee Road
Suite, Apt. #, etc.
Cond. D #2&3**

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hialeah Gardens, FL

City & State

4. FEI Number
65-0242364

Applied For
Not Applicable

Zip
33018

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
SANTORSOLA, ROCCO
Street Address (P.O. Box Number is Not Acceptable)
**12937 West Okeechobee Road
Cond. D #2 & 3
Hialeah Gardens, FL 33018**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **SANTORSOLA, ROCCO**
STREET ADDRESS **16446 ERIE PLACE**
CITY-ST-ZIP **DAVIE FL 33334**

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

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

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

TITLE **P** ☐ Delete
NAME **STEFFENS, CARLOS**
STREET ADDRESS **URB. DORADO DEL MAR, VILLA DE GULFE # 71**
CITY-ST-ZIP **DORADO PR 00646**

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

TITLE **V** ☐ Delete
NAME **RAMIREZ, ARAMIS**
STREET ADDRESS **BO. YEGUADA, URBANICACION PALMA REAL # 6**
CITY-ST-ZIP **VEGA BAJO PR 00693**

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

TITLE **V** ☐ Delete
NAME **STOKES, ALICIA**
STREET ADDRESS **4248 EAST 9TH COURT**
CITY-ST-ZIP **HIALEAH FL 33013**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

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

4/29/03 305/889-0700
Date Daytime Phone #

CR2E034 (10/02)