

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90034 013 \*\*\*150.00

DOCUMENT # V72318

1. Entity Name

RJP INTERNATIONAL, INC.

Principal Place of Business

4011 KIAORA ST  
MIAMI FL 33133  
US

Mailing Address

4011 KIAORA ST  
MIAMI FL 33133  
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 65-0361834

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

FLORA, TERRY L. ~~THIS ATTORNEY~~  
800 LAUREL OAK DRIVE ~~LEFT THE FIRM.~~  
SUITE 400  
NAPLES FL 34106  
FIRM RELOCATED

MR. McAVOY IS  
ANOTHER ATTORNEY  
IN THE SAME FIRM.

BRIAN McAVOY: PR 1/23/01

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

5551 RIDGEWOOD JR.  
SUITE 405

City

NAPLES

FL

Zip Code

34108

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.

BRIAN V. McAVOY, HARTER SECREST EMERY LLP

(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  
NAME PETZINGER, ROBERT J.  
STREET ADDRESS 4011 KIAORA ST.  
CITY-ST-ZIP MIAMI FL 33133-6347

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME MORAN, CRISTINA  
STREET ADDRESS 4011 KIAORA ST.  
CITY-ST-ZIP MIAMI FL 33133-6347

TITLE  
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-01 305-668-8996

CR2E034 (10/00)