

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00681

1. Entity Name
RP PROPERTIES, LC

FILED

00 JAN 24 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10300 SUNSET DRIVE
SUITE 135
MIAMI FL 33173

Mailing Address
10300 SUNSET DRIVE
SUITE 135
MIAMI FL 33173-3038



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3146822

Applied For
Not Applied

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PASTROFF, NANCY G
10300 SUNSET DRIVE
SUITE 135
MIAMI FL 33173

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE M ☐ Delete
NAME RUBIN, DANIEL
STREET ADDRESS 1926 EAST 5 AVENUE
CITY-ST-ZIP TAMPA FL 33605

TITLE M ☐ Delete
NAME RUBIN, DAVID
STREET ADDRESS 4402 COLCHESTER DRIVE
CITY-ST-ZIP KENSINGTON MD 20895

TITLE M ☐ Delete
NAME PASTROFF, LAURA A
STREET ADDRESS 1926 EAST 5 AVENUE
CITY-ST-ZIP TAMPA FL 33605

TITLE M ☐ Delete
NAME PASTROFF, NANCY G
STREET ADDRESS 6420 SW 50TH ST
CITY-ST-ZIP MIAMI FL 33155

TITLE M ☐ Delete
NAME PASTROFF, EDWARD
STREET ADDRESS 6420 S.W. 50TH ST.
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100003119241--1
CITY-ST-ZIP -02/01/00--01118--009
*****50.00 *****50.00

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Signature of Laura A. Pastroff
LAURA PASTROFF 1/18/2000 813247497