

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

01-16-2003 90232 014 ****50.00

DOCUMENT # Z00681

1. Entity Name

RP PROPERTIES, LC



Principal Place of Business

Mailing Address

10300 SUNSET DRIVE
SUITE 135
MIAMI FL 33173

10300 SUNSET DRIVE
SUITE 135
MIAMI FL 33173

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 59-3146822

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	M	<input type="checkbox"/> Delete
NAME	RUBIN, DANIEL	
STREET ADDRESS	1926 EAST 5 AVENUE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	M	<input type="checkbox"/> Delete
NAME	RUBIN, DAVID	
STREET ADDRESS	4402 COLCHESTER DRIVE	
CITY-ST-ZIP	KENSINGTON MD 20895	
TITLE	M	<input type="checkbox"/> Delete
NAME	PASTROFF, LAURA A	
STREET ADDRESS	1926 EAST 5 AVENUE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	M	<input type="checkbox"/> Delete
NAME	PASTROFF, NANCY G	
STREET ADDRESS	6420 SW 50TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	M	<input type="checkbox"/> Delete
NAME	PASTROFF, EDWARD	
STREET ADDRESS	6420 S.W. 50TH ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2015 EAST 5 th AVENUE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2706 N. MUNRO STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MEMBER	<input checked="" 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		

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: NANCY G. PASTROFF NANCY G. PASTROFF 1/10/03

305-271-3774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)