

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90006 002 \*\*\*150.00

0131800 AV

**DOCUMENT # P00000045629**

1. Entity Name  
**HONDURAS RAG, CORP.**

Principal Place of Business 1511 EAST 11TH AVENUE HIALEAH FL 33010	Mailing Address 1511 EAST 11TH AVENUE HIALEAH FL 33010
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-1009837</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALTAMIRANO, JORGE LUIS**  
**1511 EAST 11TH AVE. CLE**  
**HIALEAH FL 33010**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ALTAMIRANO, JORGE LUIS 703 SW 100 COURT CIRCLE MIAMI FL 33174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MUNOZ, JIM ELROY 703 SW 100 COURT CIRCLE MIAMI FL 33174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.T.</b> ALTAMIRANO, Jorge Luis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1511 E 11 ave Hialeah FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Spec</b> Munoz, Jim Eloy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1511 E 11 ave Hialeah FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. YA</b> JUAN FRANCISCO Medina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8145 NW 36 ave MIAMI, Fla - 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jorge L. Altamirano 3/26/02 (305) 883-4728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)