

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90628 019 ***158.75

DOCUMENT # P-97000063361 ✓

1. Entity Name

RADIS INVESTMENT GROUP INC.

Principal Place of Business

Mailing Address

2103 Sycamore Ln East | 2103 Sycamore Ln East
 Plant City, FL 33566 | Plant City, FL
 33566.

2. Principal Place of Business

2103 Sycamore Lane East

3. Mailing Address

2103 Sycamore Lane East

State, Apt. #, etc.

State, Apt. #, etc.

City & State

Plant City, FLORIDA.

City & State

Plant City, FLORIDA.

Zip

33566

Country

U.S.A.

Zip

33566.

Country

U.S.A.

4. FL Number

65-0779094

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

ORTIZ-GARCIA, RICARDO

2103 Sycamore Lane East
 Plant City, FL 33566.

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 agent is changed)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

☐

10. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete

TITLE

PO

ORTIZ-GARCIA, RICARDO

NAME

STREET ADDRESS

CITY-STATE-ZIP

2103 Sycamore Lane East
 Plant City, FL 33566

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 007, 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 filings required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICARDO ORTIZ GARCIA
PRESIDENT.

4-29-01

(813) 752-0258

DATE

Telephone Number