

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90168 009 ***150.00

DOCUMENT # P99000086171

1. Entity Name

RAICO INTERNATIONAL CORP. ✓

Principal Place of Business

**7831 N.W. 72nd AVE.
 MIAMI, FL. 33166**

Mailing Address

**7831 N.W. 72nd AVE.
 MIAMI, FL. 33166**

2. Principal Place of Business

3. Mailing Address

780 N.W. 42nd AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#416

City & State

City & State
MIAMI FL

4. FEI Number

65-0950814

Applied For

Not Applicable

Zip

Country

Zip

33126

Country

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

**VALDES-FAULI CORPORATE SERVICES, INC.
 TWO SOUTH BISCAYNE BLVD.
 SUITE 3400
 MIAMI FL 33131**

Name

ANGEL D. CORDOVA

Street Address (P.O. Box Number is Not Acceptable)
780 N.W. 42nd AVE. #416

City

MIAMI

FL

Zip Code
33126

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 **X**

Signature, typed or printed name of registered agent and title if applicable.

(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 **DP** ☐ Delete
 NAME **NOGUES, JULIO L.**
 STREET ADDRESS **SALTA 263**
 CITY-ST-ZIP **1074 BUENOS AIRES, ARGENTINA**

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

TITLE **DT** ☐ Delete
 NAME **DE ACHAVAL DE NOGUES, TERESA**
 STREET ADDRESS **SALTA 263**
 CITY-ST-ZIP **1074 BUENOS AIRES, ARGENTINA**

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

TITLE **DVS** ☐ Delete
 NAME **NOGUES, ERNESTO**
 STREET ADDRESS **SALTA 263**
 CITY-ST-ZIP **1074 BUENOS AIRES, ARGENTINA**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **NOGUES, GASTON**
 STREET ADDRESS **SALTA 263**
 CITY-ST-ZIP **1074 BUENOS AIRES, ARGENTINA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **X**

JULIO L. NOGUES PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)