

***2001 UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 05, 2001 8:00 am
Secretary of State

06-19-2001 90010 014 ***150.00
 07-05-2001 90007 046 ***400.00

DOCUMENT # 490746
 1. Entity Name
RAYGAR REALTY CORP.

Principal Place of Business C/O GARRETT SLOAN 430 TIVOLI AVENUE CORAL GABLES FL 33143	Mailing Address C/O GARRETT SLOAN 430 TIVOLI AVENUE CORAL GABLES FL 33143
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2. Principal Place of Business c/o Annie M. Sloan	3. Mailing Address c/o Annie M. Sloan
Suite, Apt. #, etc. 430 Tivoli Avenue	Suite, Apt. #, etc. 430 Tivoli Avenue

City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33143	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-1531633** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SLOAN, GARRETT
 430 TIVOLI AVENUE
 CORAL GABLES FL FL 33143**

7. Name and Address of New Registered Agent

Name
Sloan, Annie M.

Street Address (P.O. Box Number is Not Acceptable)
430 Tivoli Avenue

City
Coral Gables, FL FL Zip Code **33143**

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 *Annie M. Sloan* **Annie M. Sloan, Registered Agent** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLOAN, THOMAS G 430 TIVOLI AVE CORAL GABLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOAN, ANNIE M 430 TIVOLI AVE CORAL GABLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTHRIE, EDITH S 430 TIVOLI AVE CORAL GABLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SLOAN, GARRETT 430 TIVOLI AVE CORAL GABLES FL <input checked="" 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	Sec'y, Treas., Director Sloan, Thomas G. 430 Tivoli Avenue Coral Gables, FL 33143 <input checked="" 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
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: *Annie M. Sloan* **Annie M. Sloan, President** Date _____ Daytime Phone # **(305)666-0603**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR