

***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



DO NOT WRITE IN THIS SPACE

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		
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		4. FEI Number 13-1531633	
Zip 33143		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$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 <i>Annie M. Sloan</i>		Annie M. Sloan, Registered Agent		DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	Sec'y, Treas., Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sloan, Thomas G. 430 Tivoli Avenue Coral Gables, FL 33143		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: <i>Annie M. Sloan</i>		Annie M. Sloan, President		Date	
				(305)666-0603	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	