

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 503784

1. Entity Name

RAYCE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90069 011 ***150.00

Principal Place of Business

Mailing Address

4656 SW 75TH AVE
 MIAMI FL 33155

4656 SW 75TH AVE
 MIAMI FL 32666-0100

2. Principal Place of Business

3637 NE 2nd ST.

3. Mailing Address

P.O. Box 1008

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

MELROSE, FL

Zip

32609

Country

ALACHUA

Zip

32666

Country

BRADFORD

4. FEI Number

59-1674525

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROSEMOND, ST JULIEN P., JR
 3654 BAYVIEW RD
 SUITE 700
 MIAMI FL 33133

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

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, 2000 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 PD ☐ Delete
 NAME CABASSA, PAUL L.
 STREET ADDRESS 7785 SW 66 ST.
 CITY- ST- ZIP MIAMI FL

TITLE TD ☒ Delete
 NAME DALL'ORSO, VITTORIO
 STREET ADDRESS 1205 MARIPOSA AVE
 CITY- ST- ZIP CORAL GABLES FL 33146

TITLE S ☐ Delete
 NAME CARDELL, LETHA
 STREET ADDRESS 7705 SW 66 ST
 CITY- ST- ZIP MIAMI FL 33143

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY- ST- ZIP

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 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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

352-335-8900
 Daytime Phone #

CR2E034 (9/99)