2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Feb 24, 2002 8:00 am 582252 DOCUMENT # Secretary of State 1. Entity Name 02-24-2002 90088 042 ***150.00 RAUBERT ENTERPRISES, INC. Principal Place of Business Mailing Address 775 E. 49TH STREET 775 E. 49TH STREET HIALEAH FL 33013-1965 HIALEAH FL 33013-1965 2. Principal Place of Business Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1842487 Not Applicable Country \$8.75 Additional 33013 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ. RAUL Street Address (P.O. Box Number 13431 S.W. 82ND STREET **MIAMI FL 33183** summits this statemen) for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity 1-31-200Z SIGNATURE OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2F034 (9/01) Addition TITLE TITLE Delete ROBERTO PEREZ 13401 SW 82ND ST. MIAMI FL 33183 PEREZ. RAUL NAME NAME 13431 S.W. 82ND STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-ZIP TITLE STD TITLE Addition Delete NAME PEREZ, ROBERTO 13401 SW 82ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CJTY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 apadress, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-685-8279

FILED