**FILED** 

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90317 043 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## 816209 DOCUMENT #

1. Entity Name

THE RAVEN HOLDING CORP.



NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP							COD W	E I S						
Suffe, Apl. #, etc.   Gity & State   City & City & State   City & Ci	1250 E. HALLANDALE BEACH BLVD. STE 300			1250 E. HALLANDALE BEACH BLVD. STE 300										
City & State  Country  Coun	2. Principal F	Place of Busin	ness	3. Mailing Address						i (4116) 10105 (1814 0111) (1911 1914 1911 1	11095 BABAN 1	IDII DIRII DA	HI BIBII 160)	
Zp Country Zp Country Zp Country 5. Certificate of Status Desireo St. Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required  Name NESTOR, BRENDA 1250 E. HALLANDALE BEACH BLVD. STE 300 HALLANDALE FL 33009  City FL Zip Code  8. The above named criticy submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am lamiliar with, and accept the obligations of registered agent agent and this is accidable.  Signature. The Now!!! FEE is \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	Suite, Apt.	#, etc.	<del>.</del>	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
EXP Country Zip Country 5. Certificate of Status Desired Status Desired Set Set Set Additional Fee Prequired Set Fee Prequired Set	City & Stat	te		City & State					1 52-1743266 <del>1 1 -                               </del>					
NESTOR, BRENDA 1250 E. HALLANDALE BEACH BLVD. STE 300 HALLANDALE FL 33009  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligation of Registered or registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the collabor.  ITLE  OCPCE  FILE NOW!! FEE IS \$150.00  Steet Address (P.O Bo	Zip Country			Zip Co			untry 5			Certificate of Status Desired		.75 Add	itional	
NESTOR, BRENDA 1250 E. HALLANDALE BEACH BLVD. STE 300  **RALLANDALE FL 33009  City **FL**  Zip Code  8. The above named onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					nt		
1250 E. HALLANDALE BEACH BLVD. STE 300  HALLANDALE FL 33009  City  FL  Zip Code  Signature recitation  DATE  FILE NOW!!! FEE Is S150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  City  CPCE  NAME  NAME  NAME  NAME  CPCE  NALLANDALE BEACH BLVD STE 300  CITY-S1-Zip					<del>-</del>		Name							
STE 300 HALLANDALE FL 33009  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, syrad or printed rulers of registered degent and degendence of the in applicable.  FILE NOW!!: FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  NAME  NAME  NAME  NAME  STRETA ADDRESS  CITY-ST- 2P  TITLE  STEET ADDRESS  CITY-ST- 2P  HALLANDALE FL 33009  TITLE  VCEV  COLVIN, MELVIN R  STRETA JONESS  CITY-ST- 2P  TITLE  COLVIN, MELVIN R  STRETA JONESS  CITY-ST- 2P  COLVIN, MELVIN R  STRETA JONESS  CITY-ST- 2P  TITLE  COLVIN STRETA JONESS  CITY-ST- 2P  CO	NESTOR, BRENDA						Strack Address (D.O. Boy Myrahov in Net Agent table)							
### ALLANDALE FL 33009    City   FL   Zip Code	1250 E. HALLANDALE BEACH BLVD.						311661 A	duless (i	.0. 0	ox Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hydrod or primed rawn or registered agent and file it applicable.   (NOTE: Registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent.   I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the submits of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the submits of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the submits of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the submits of registered agent, or both.    STEET ADDRESS														
SIGNATURE    Signature   Signa	HALLANDALE FL 33009						City	ty FL Zip Code						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NOW. IN STORR, BRENDA 1200 E. HALLANDALE BEACH BLVD STE 300 HALLANDALE FL 33009  TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STERET ADDRESS CITY-ST-2IP TITLE OCOLVIN, MELVIN R 1250 E. HALLANDALE BEACH BLVD. STE 300 HALLANDALE FL 33009  TITLE OCOLVIN, MELVIN R TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE OCOLVIN, MELVIN R 1250 E. HALLANDALE BEACH BLVD. STE 300 HALLANDALE FL 33009  TITLE OCOLVIN, MELVIN R TITLE OCOLVIN, MELVIN														
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME NAME SIRECT ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE COCUVIN, MELVIN R 1250 E. HALLANDALE BEACH BLVD STE 300 HALLANDALE FL 33009  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE COCUVIN, MELVIN R 1250 E. HALLANDALE BEACH BLVD. STE 300 HALLANDALE FL 33009  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-Z	SIGNATURE .	SIGNATURE												
After May 1, 2003 Fee will be \$55.00 May Be Added to Fees  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITUE  CPCE NESTOR, BRENDA SIRECT ADDRESS 1200 E. HALLANDALE BEACH BLVD STE 300 TITUE  NAME LAUNER, BLANCHE S STREET ADDRESS 1250 E. HALLANDALE BEACH BLVD STE 300 TITUE  NAME COLVIN, MELVIN R STREET ADDRESS CITY-ST-ZIP TITUE  CPOT COLVIN, MELVANDALE FL 33009 TITUE  NAME SIRECT ADDRESS CITY-ST-ZIP TITUE  CPOT COLVIN, MELVANDALE BEACH BLVD STE 300 TITUE NAME SIRECT ADDRESS CITY-ST-ZIP TITUE  CPOT COLVIN, MELVANDALE FL 33009 TITUE NAME SIRECT ADDRESS CITY-ST-ZIP TITUE CPOT CAGAN, EDWARD T STREET ADDRESS CITY-ST-ZIP TITUE NAME SIRECT ADDR			<u> </u>	no wie ir ap	pricable. (NOTE	: Registered	Agent signat	ure required v	vnen re	Instating)	JAIL -			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELETE NAME STREET ADDRESS CIT	After May 1, 2003 Fee will be \$550.00									. •				
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET		Payable to			<u></u>									
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TIT	<del>-</del>	ODOF	OFFICERS AND I	DIRECTO									~	
SIREET ADDRESS CITY-ST-ZIP    1200 E. HALLANDALE BEACH BLVD STE 300			RDENIDA		L. Delete			Chai	rma	an/Pres/CEO/AT/AS	IJ	[ Change	☐ Addition	
CITY-ST-ZIP HALLANDALE FL 33009  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRES								ł					}	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME S		_ 000								ļ				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE COLVIN, MELVIN R 1250 E. HALLANDALE BEACH BLVD. STE 300 HALLANDALE FL 33009  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET A	TITLE	<del></del>			□ Delete	TITLE		VD/C	<u>/</u> T		Γī		Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition Change Addition	NAME		BLANCHE S				11/3	7 1		7	L			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Change Addition Change Addition					300	STRE	T ADDRESS	ĺ					[	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE CFOT NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete Delete TITLE Delete TITLE Delete TITLE Delete Delete Delete TITLE Delete	CITY-ST-ZIP	HALLAND	ALE FL 33009			CITY-	ST-ZIP	<u></u>						
NAME STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009  TITLE CFOT NAME STREET ADDRESS CITY-ST-ZIP MCGANN, EDWARD T STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition Change Addition	TITLE				☐ Delete	TITLE		Vice	Ch	airman/EX VP/AT/AS		Change	☐ Addition	
CITY-ST-ZIP HALLANDALE FL 33009  TITLE CFOT NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE CFOT NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  CHange Addition Change Addition Change Addition		COLVIN, MELVIN R									-	-		
TITLE CFOT Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE CITY-ST-ZIP								}					1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TADDRESS CITY-ST-ZIP TITLE TITLE TITLE TADDRESS CITY-ST-ZIP TITLE TITLE TADDRESS TREET ADDRESS CITY-ST-ZIP TITLE TADDRESS CITY-ST-ZIP TITLE TADDRESS TREET ADDRESS CITY-ST-ZIP TITLE TADDRESS TREET ADDRESS CITY-ST-ZIP TITLE TADDRESS TITLE TADDRESS TREET ADDRESS CITY-ST-ZIP TITLE TADDRESS TREET ADDRESS TITLE TADDRESS TREET ADDRESS TREET ADDRES			ALE FL 33009		— <del></del>	+		070 /	A 1773					
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE			EDWARD T		∟ Delete			CFO/	AT		LX	[ Change	☐ Addition	
CITY-ST-ZIP         HALLANDALE FL 33009         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         Delete         TITLE         Change         Addition								Ì					1	
TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE         Delete         TITLE         Change         Addition														
NAME         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE	TITLE				☐ Delete	TITLE				<u></u>		Change	Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change Addition	NAME											<b>-</b>		
TITLE Delete TITLE Change Addition	STREET ADDRESS	[											}	
	CITY-ST-ZIP	<b></b>				CITY-	ST-ZIP							
NAME ] I NAME ]	TITLE			•	☐ Delete							Change	☐ Addition	
CTOLCT ADDRECC								1					}	
STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP														

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

HERON

Brenda Nestor

4/23/03

954-458-4343