

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

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90170 039 \*\*\*150.00

0145849 AB

**DOCUMENT # F02000000712**



1. Entity Name  
**RAUL V. BRAVO & ASSOCIATES, INC.**

Principal Place of Business  
**11343 SUNSET HILLS ROAD  
RESTON VA 20190**

Mailing Address  
**11343 SUNSET HILLS ROAD  
RESTON VA 20190**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **31-1692884**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAVO, RAMON**  
**13516 SOUTHWEST 9TH LANE**  
**MIAMI FL 33184**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PCTD<br/>BRAVO, RAUL V<br/>11343 SUNSET HILLS DRIVE<br/>RESTON VA</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VS<br/>BRAVO, CLAUDIO R<br/>11343 SUNSET HILLS DRIVE<br/>RESTON VA</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

**SKAULT BRAVO REQUIRED**

8/14/03

Date

Daytime Phone #

CR2E034 (4/03)

RAUL V. BRAVO + ASSOCIATES, INC.

Attachment  
10111061  
~~FB2000000712~~

TRANSPORTATION  
PLANNERS  
AND ENGINEERS

August 14, 2003

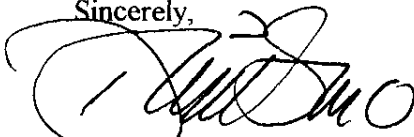
Florida Department of State  
Division of Corporation  
Uniform Business Report Form  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

We are in receipt of the 2003 Uniform Business Report. This is the first time our firm has received this notice. We are not currently doing business in Florida. In any case, we are enclosing a check for the \$150 filing fee.

If you need additional information, please give me a call at 703-326-9092.

Sincerely,



Raul V. Bravo

**MAIN OFFICE:**

11343 SUNSET HILLS ROAD  
RESTON, VIRGINIA 20190 • USA  
TEL. 703.326.9092  
FAX. 703.326.9096  
WWW.RVBA.COM

**REGIONAL OFFICE:**

2707 N. OCEAN BLVD.  
SUITE 203-D  
BOCA RATON, FLORIDA • USA  
TEL. 407.338.3047