

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F48921

1. Entity Name  
RAKER INTERNATIONAL TRADE CORPORATION

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90052 034 \*\*\*150.00

Principal Place of Business  
18640 SW 104 AVE.  
P.O. BOX 071028  
MIAMI FL 33197

Mailing Address  
18640 SW 104 AVE.  
P.O. BOX 071028  
MIAMI FL 33197



2. Principal Place of Business  
3705 N.W. 115 Ave

3. Mailing Address  
Same

Suite, Apt. #, etc.  
Bay 4

Suite, Apt. #, etc.

City & State  
Miami FL

City & State

4. FEI Number 59-2130480

Applied For  
Not Applicable

Zip 33178 Country USA

Zip Country

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

## 6. Name and Address of Current Registered Agent

SAUNIG, ROBERT R.  
8205 S.W. 184TH LANE 471 Cypress Point Drive East  
MIAMI FL 33157 Pembroke Pines, FL 33027

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	SAUNIG, ROBERT R.	8205 S.W. 184TH LANE	MIAMI FL 33157	<input type="checkbox"/>
		471 Cypress Point Drive East	Pembroke Pines, FL 33027	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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

Date

Daytime Phone #

4/16/02

305-859-9114

CR2E034 (9/01)