

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

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90245 013 ***150.00

DOCUMENT # **F 80699**

1. Entity Name **R.A.C. Equities, Inc.**

DO NOT WRITE IN THIS SPACE

80128838

2. Principal Place of Business
106 Hancock Bridge Parkway
Suite, Apt. #, etc. **Unit D15-543**
City & State **Cape Coral FL**
Zip **33991** Country **US**

3. Mailing Address
106 Hancock Bridge Parkway
Suite, Apt. #, etc. **Unit D15-543**
City & State **Cape Coral Florida**
Zip **33991** Country **US**

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4. FEI Number **76-0121384**
Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CT Corporation**
Street Address (P.O. Box Number is Not Acceptable) **1200 S. Pine Island Road**
City **Plantation** FL Zip Code **33324**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	Semiao, J.K. 18100 Upper Bay Road, Suite A Houston, TX 77058
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jim Semiao, Controller** **239-283-3703**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)