

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-20-2002 90114 032 ***150.00

DOCUMENT # G45674

1. Entity Name
RAV ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~2730 S.W. 25TH STREET~~ **1150 NW 72 AVE**
PH 1
MIAMI, FL 33126

~~2730 S.W. 25TH STREET~~ **1150 NW 72 AVE**
MIAMI, FL 33126

2. Principal Place of Business

3. Mailing Address

1150 NW 72 AVE PH 2

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AIRPORT EXECUTIVE TOWER I

City & State

City & State

MIAMI, FL

4. FEI Number **59-2378070**

Applied For
 Not Applicable

Zip
33126

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRODIE, SIDNEY Z.
AIRPORT EXECUTIVE TOWER II, PENTHOUSE - 1
7270 NORTHWEST 12 STREET
MIAMI FL 33126

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

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) ☐

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
PDS
VALLE, RAFAEL
2730 S.W. 25TH STREET
MIAMI FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
CAPO, GERANDO
1400 NW 107 AVE STE 400
MIAMI FL 33172

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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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 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 #

4/25/02

305-513-0501

CR2034 (9/01)