Daytime Phone #

Date

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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May 10, 2001 8:00 am Secretary of State **DOCUMENT # J36161** RAKER ENTERPRISES CORPORATION 05-10-2001 90109 034 ***150.00 Principal Place of Business Mailing Address 18640 SW 104TH AVE P O BOX 971028 MIAMI FL 33197 MIAMI FL 33197 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0020332 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAUNIG, ROBERT Street Address (P.O. Box Number is Not Acceptable) 8205 S.W. 184TH LANE **MIAMI FL 33157** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Change TITLE DPS ☐ Delete NAME NAME SAUNIG, ROBERT STREET ADDRESS STREET ADDRESS 8205 SW 184 LANE CITY-ST-ZIP C!TY-ST-ZIP MIAMI FL Addition Change ☐ Delete TITL S NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP r the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cortify that the information my signature shall have the same legal effect as if made under oath; that I am an officer or director t as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qualify to indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empoweded to execute this report. changed, or on an attachment with an add

NING OFFICER OR DIRECTOR