2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **J87302** Jun 13, 2000 8:00 am 1. Entity Name **Secretary of State** RAWL CORPORATION, INC. 06-13-2000 90010 012 ***550.00 Principal Place of Business Mailing Address C/O EVELYN D. RAWLEY 11621 SW 112 ST 11621 SW 112TH ST MIAMI FL 33176 MIAMI FL 33176-3162 US 2. Principal Place of Business 3. Mailing Address an iei fig. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4.:FEI Number ... City & State City & State 59-2844477 Not Applicable Country \$8.75 Additional 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 Name RAWLEY, EVELYN D. Street Address (P.O. Box Number is Not Acceptable) 11621 SW 112TH ST **MIAMI FL 33176** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 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 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE RAWLEY, ROBERT F. NAME NAME STREET ADDRESS 11621 SW 112TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition Delete TITLE RAWLEY, EVELYN D. NAME STREET ADDRESS 11621 SW 112TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL [] Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change . . . Addition . Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS The Control CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete 715x 3x 524 TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

(1922年),3届191

PAMER OF STA

NAME

STREET ADDRESS



06.02.2000

305.279.6992