2001 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIF

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TITLE

NAME STREET ADDRESS

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # **K82692** R.A.Z. INVESTMENTS, INC. 04-17-2001 90117 003 ***150.00 Principal Place of Business Mailing Address % GASTON R. ALVAREZ % GASTON R. ALVAREZ 3331 N.W. 19TH TERRACE 3331 N.W. 19TH TERRACE MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0268136 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_____ ALVAREZ, GASTON R. Street Address (P.O. Box Number is Not Acceptable) 3331 N.W. 19TH TERRACE **MIAMI FL 33125** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Delete TITLE Change ☐ Addition ZEITUN, RUBEN NAME STREET ADDRESS 3331 N.W. 19 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

SIGNATURE: Keleting Regident 4-13-20001 (305)6364227

;

R2E034 (10/00)

☐ Change

Addition