

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90138 049 \*\*\*158.75

**DOCUMENT # L41654**

1. Entity Name  
**RACCUS, INC.**



Principal Place of Business  
**D/B/A EL MANARA RESTAURANT**  
**5811 SUNSET DRIVE**  
**SOUTH MIAMI FL 33143**

Mailing Address  
**D/B/A EL MANARA RESTAURANT**  
**5811 SUNSET DRIVE**  
**SOUTH MIAMI FL 33143**



2. Principal Place of Business  
**711 N.W. 72 AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**711 N.W. 72 AVE.**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number **65-0170505**

Applied For  
Not Applicable

Zip **33126** Country **USA**

Zip **33126** Country **USA**

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

**DEKKI, KAMAL**  
**5811 SUNSET DR**  
**S MIAMI FL 33143**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**711 N.W. 72 AVE.**  
City **MIAMI, FL** Zip Code **33126**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **SUCCAR, AIDA**  
STREET ADDRESS **5811 SUNSET DRIVE**  
CITY-ST-ZIP **SOUTH MIAMI FL**

TITLE ☒ Change ☐ Addition  
NAME **9042 S.W. 149 PLACE**  
STREET ADDRESS **MIAMI, FL 33196**

TITLE **VD** ☐ Delete  
NAME **DEKKI, KAMAL**  
STREET ADDRESS **5811 SUNSET DRIVE**  
CITY-ST-ZIP **SOUTH MIAMI FL**

TITLE ☒ Change ☐ Addition  
NAME **14318 S.W. 103 STREET**  
STREET ADDRESS **MIAMI, FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 7-24-03 (305) 267-3035**

Date Daytime Phone #

CR2E034 (4/03)

Attachment

90147402  
L41054

RACCUS, INC.  
711 N.W. 72 AVENUE  
MIAMI, FLORIDA 33126  
(305) 267-3035

July 21, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

I am filing Form UBR, 2003 for Profit Corporation Uniform Business Report, on this date. This is the first notification which I have received regarding the 2003 filing. I was forced to change the location of my restaurant and the new premises required extensive renovation during which time I was not able to operate the restaurant. Perhaps the original form was mailed at this time when I did not have a permanent address. As you can see from the copy of the mailing label attached, the second notification was forwarded to a home address. We have never used this address for our business so if the original notice was forwarded to this address, it was probably never delivered.

I am submitting payment at this time for the original filing fee of \$150.00 and an additional \$8.75 for a certificate of status. I am confident that you will waive the late fee due to the circumstances described above. I appreciate your consideration in this matter.

Sincerely,



Kamal Dekki  
Vice President