

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0330792 AV

03-29-2002 91435 001 ***150.00

DOCUMENT # M51476	
Entity Name RAK ELECTRONICS INTERNATIONAL CORPORATION	
Principal Place of Business C/O FABIO ALVAREZ 1844 N. NOB HILL Rd # 405 PLANTATION FL 33322	Mailing Address C/O FABIO ALVAREZ 1844 N. NOB HILL Rd # 405 PLANTATION FL 33322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1844 N. NOB HILL Rd # 405		3. Mailing Address 1844 N. NOB HILL Rd # 405		4. FEI Number 59-2807361		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. SUITE 405		Suite, Apt. #, etc. SUITE 405		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State PLANTATION, FLORIDA		City & State PLANTATION FLORIDA		Zip 33322		Country USA	
Zip 33322		Country USA		Zip 33322		Country USA	

6. Name and Address of Current Registered Agent ALVAREZ, FABIO 522 WESTREE LN PLANTATION FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 522 WESTREE LN City Plantation FL Zip Code 33324			
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, STELLA 522 WESTREE LANE PLANTATION FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stella Alvarez* **3-21/2002** **STELLA ALVAREZ** **1/30/02 (954) 476-6608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)