

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/13

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90068 036 \*\*\*150.00

**DOCUMENT # M57956**

1. Entity Name

**AFFAR ENTERPRISES, INC.**

Principal Place of Business

4137 NW 135 STREET  
 OPA LOCKA FL 33054  
 US

Mailing Address

4137 NW 135 STREET  
 OPA LOCKA FL 33054  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2848910**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional-  
 Fee Required

6. Name and Address of Current Registered Agent

**RAFFA, STEVE**  
**4155 N.W. 135 STREET**  
**OPA-LOCKA FL 33054**

7. Name and Address of New Registered Agent

Name - **RAFFAELE RAFFA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4137 NW 135 ST**  
 City **OPALOCKA** FL Zip Code **33054**

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]*

**RAFFAELE RAFFA** *President* 3-20-01

Signature, typed or printed name of registered agent and title if applicable.

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RAFFA, RAFFAELE A.</b>	
STREET ADDRESS	<b>937 N.W. 201 AVE.</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RAFFA, STEVE</b>	
STREET ADDRESS	<b>4155 N.W. 135 STREET</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carmela Raffa</b>	
STREET ADDRESS	<b>4137 NW 135 ST</b>	
CITY-ST-ZIP	<b>OPALOCKA, FL 33054</b>	
TITLE	<b>V.P. CARMELA RAFFA</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4137 N.W. 135 ST</b>	
CITY-ST-ZIP	<b>OPA-LOCKA - FL. 33054</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Signature]* **PRESIDENT**

Date

Daytime Phone #

2/25/01 (305) 681-3545

CR2E034 (10/00)