## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 02, 2001 8:00 am Secretary of State **DOCUMENT # M84548** 1. Entity Name INTERNATIONAL RATTAN RESOURCE, INC. 05-02-2001 90010 048 \*\*\*150.00 Principal Place of Business 1754 NW 82ND STREET 1754 NW 82ND AVENUE 1754 N.W. B2ND AVENUE 1754 N.W. 82ND AVENUE MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0056617 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 Warner, Kenneth Street Address (P.O. Box Number is Not Acceptable) 1933 SW 27TH AVE MIAMI FL 33145 City Zip Code 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) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change Addition GAMBOA, RICARDO NAME NAME STREET ADDRESS 9179 FOUNTAINBLEU BLVD., STE. 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TITLE ☐ Change Addition TITLE Delete SISON, JAIME R NAME NAME STREET ADDRESS 9179 FOUNTAINBLEU BLVD., STE. 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 T------- Change - Addition TITLE ~ Delete TITE F SISON, MARIA L NAME NAME STREET ADDRESS 9179 FOUNTAINBLEAU BLVD., STE. 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** ☐ Delete TITLE TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 CITY-ST-ZIP 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:

JAIME R. SISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/01

(305) 477-1963

Daytime Phone #