

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005045

1. Entity Name

RAFTER RESCUE LEGION & LEGION DE RESCATE DE BALS

Principal Place of Business

Mailing Address

8050 NW 176 ST
MIAMI FL 33105

8050 NW 176 ST
MIAMI FL 33015-3641

2. Principal Place of Business

3. Mailing Address

Key West FL.
Suite, Apt. #, etc.

P.O. Box 9565 -
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

00908 U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRINGUIER, JORGE E
8050 NW 176 ST
MIAMI FL 33105

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BRINGUIER, LIDIA M 8050 NW 176 ST MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRINGUIER, JORGE E 8050 NW 176 ST MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LLENZA, GILBERTO E CALLE ACASIA R#17 ROSALEDA #2 LEWITOWN PT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SERGIO RAMOS P.O. Box 40591 SAN JUAN PR 00940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VILL PRESIDENT - LLENZA, GILBERTO E. CALLE CLAVEL #M-18 LAS VEGAS, CATANO, P.R. 00942	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SERGIO RAMOS P.O. BOX 40591 SAN JUAN PR 00940	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 617, 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 answered.

SIGNATURE: JORGE E. BRINGUIER, PRESIDENTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90187 001 ****61.25
04-19-2000 90187 002 *****8.75
04-19-2000 90187 003 *****5.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0448856

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E037 19/99

Date

Daytime Phone #