

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90002 033 \*\*\*150.00

DOCUMENT # P00000009048

1. Entity Name

RAFSON MAINTENANCE SERVICE, INC.

**DO NOT WRITE IN THIS SPACE**

425416

2. Principal Place of Business

13925 SW 158TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address

13925 SW 158TH TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL. 33177

City & State

MIAMI, FL. 33177

Zip

33177

Country

U.S.A.

Zip

33177

Country

U.S.A.

4. FEI Number

65-0988512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RAFAEL MARTINEZ

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

13925 SW 158TH TERRACE

City

MIAMI

FL

Zip Code

33177

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00.

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-STATE-ZIP
P	RAFAEL MARTINEZ	13925 SW 158TH TERRACE	MIAMI, FL. 33177
VP	HIRAM VALDES	5505 NW 7TH ST. APT. W-119	MIAMI, FL. 33126

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, without other like empowered.

SIGNATURE:

RAFAEL MARTINEZ

03/01/02 (305) 259-8404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #