

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009541

1. Entity Name

RAYMOND COMPANIES INTERNATIONAL, INC.

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90005 042 ***158.75

Principal Place of Business

650 W. AVE #2811
MIAMI BEACH FL 33139

Mailing Address

650 W. AVE #2811
MIAMI BEACH FL 33139

2. Principal Place of Business

3406 North Miami AVE
Suite, Apt. #, etc.

3. Mailing Address

3406 N. Miami Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL 33127

4. FEI Number

Applied For

☒ Not Applicable

Zip
33127

Country DADE

Zip
33127

Country DADE

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARABOTTA, RAYMOND J JR
650 W. AVE #2811
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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

650 W. Ave #2811
City Miami Beach FL FL Zip Code 33139

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]

(NOTE: Registered Agent signature required when reinstating)

3-19-01
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 PRES.
NAME RAYMOND J CARABOTTA JR.
STREET ADDRESS 3406 North Miami Avenue.
CITY-ST-ZIP Miami FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01 305-495-2005
Date Daytime Phone #

CR2E034 (10/00)

017021