

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010952

1. Entity Name
RAGGED & PHAX, INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90146 038 ***158.75

Principal Place of Business

Mailing Address

~~6309 CASTANEDA STREET~~
~~CORAL GABLES FL 33146~~

~~6309 CASTANEDA STREET~~
~~CORAL GABLES FL 33146~~

2. Principal Place of Business

3. Mailing Address

1280 S Alhambra Circle

10300 Sunset Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2104

#435

City & State
Coral Gables, FL

City & State
Miami, FL

Zip
FL

Country
33146

Zip
33173

Country

4. FEI Number

65-0981165

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANZANERA, JOSE
6309 CASTANEDA STREET
CORAL GABLES FL 33146

Name

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

10300 Sunset Dr. #435

City

Miami

FL

Zip Code

33173

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

01/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MANZANERA, JOSE**
STREET ADDRESS **6309 CASTANEDA STREET**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☒ Change ☐ Addition
NAME **1280 S. Alhambra Circle #2104**
STREET ADDRESS **Coral Gables, FL 33146**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01

Date

786-268-7159

Daytime Phone #

CR2E034 (10/00)