

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000010952*

1. Entity Name

Ragged & Phax, Inc

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91740 044 ***158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9655 South Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

City & State

Miami, FL

4. FEI Number

65-0981165

Applied For

Not Applicable

Zip

Country

Zip

33156

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Jose Manzanera

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

Cra. 43 A #16 A Sur 250 #701

City

Medellin - Colombia

FL

Zip Code

DO NOT WRITE IN THIS SPACE

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)

5/8/02

9. This corporation is eligible to satisfy its intangible

tax filing requirement and elects to do so.

(See criteria on back)

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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 *President/Secretary*
NAME *Jose Manzanera*
STREET ADDRESS *Cra 43 #16 A Sur 250 #1701*
CITY-ST-ZIP *Medellin, Colombia*

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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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/02

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