UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91191 030 ***150.00

DOCUMENT # P00000015252

1. Entity Name
Rasteen Capital Resources, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
11804B Rainteer lake lane	11804B Rainteer lake lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Florida	City & State: Tampa Florida
Zip: 33617 Country: Hillsborough	Zip: 33617 Country: Hillsborough

4. FEI Number: 22-3581684 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Patricia Niemas

Street Address (P.O. Box Number is Not Acceptable): 11804B Rainteer lake lane

City: Tampa FL Zip Code: 33617

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (Registered Agent is required to sign when reinstating)

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	President
NAME	Patricia Niemas
STREET ADDRESS	11804B Rainteer lake lane
CITY-ST-ZIP	Tampa Florida 33617
TITLE	
NAME	
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CITY-ST-ZIP	

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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: Pat Niemas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)