


2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

03-19-2002 90029 050 ***150.00

DOCUMENT # P00000026282
 1. Entity Name
RAUL J. CORPORATE SERVICES, INC. *NC* 
CORPORATE INTERNATIONAL REGISTERED AGENTS INC.

Principal Place of Business Mailing Address
200 SOUTH BISCAYNE BLVD., SUITE 4100 **200 SOUTH BISCAYNE BLVD., SUITE 4100**
MIAMI FL 33131 **MIAMI FL 33131**




DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **65-0989930** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VALDES-FAULI, RAUL J ESO
200 SOUTH BISCAYNE BLVD., SUITE 4100
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **BETSY PARENTI**
 Street Address (P.O. Box Number is Not Acceptable)
SAME
 City **FL** Zip Code

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 **2/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

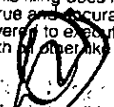
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	VALDES-FAULI, RAUL J ESO
STREET ADDRESS	200 S BISCAYNE BLVD STE 4100
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	SERAALES, JUAN E
STREET ADDRESS	200 S BISCAYNE BLVD STE 4100
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	FERNANDEZ-QUINCOCES, GUILLERMO
STREET ADDRESS	200 S BISCAYNE BLVD STE 4100
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valdes-Fauli, Raul J.
STREET ADDRESS	200 S. Biscayne Blvd., Ste.#4100
CITY-ST-ZIP	Miami, FL 33131
TITLE	D/VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Serralles, Juan E.
STREET ADDRESS	200 S. Biscayne Blvd., Suite #4100
CITY-ST-ZIP	Miami, FL 33131
TITLE	D/VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez-Quincoces, Guillermo
STREET ADDRESS	200 S. Biscayne Blvd., Ste.#4100
CITY-ST-ZIP	Miami, FL 33131
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parenti, Betsy
STREET ADDRESS	200 S. Biscayne Blvd., Ste.#4100
CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other name empowered.
 SIGNATURE:  DATE **2/20/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)