

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026775

1. Entity Name
LOS RABANES CORP.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90012 007 ***158.75

Principal Place of Business
16437 S.W. 103RD TERRACE
MIAMI FL 33196
1521 Altou Rd #341
MIAMI BEACH FL
33139

Mailing Address
16437 S.W. 103RD TERRACE
MIAMI FL 33196
1521 Altou Rd #341
MIAMI BEACH FL
33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0992445		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent ACEVEDO, ALVARO B 16437 S.W. 103RD TERRACE MIAMI FL 33196		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
Alvaro Acevedo 1521 Altou Road #341 Miami Beach FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD ACEVEDO, ALVARO B 16437 S.W. 103RD TERRACE MIAMI FL 33196 1521 Altou Road #341 MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alvaro B Acevedo** Date: **April 10 2001** (305) 323 3394

CR2E034 (10/00)