

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90010 004 \*\*\*158.75

**DOCUMENT # P00000026775**

1. Entity Name  
**LOS RABANES CORP.**

Principal Place of Business

1521 ALTON RD #341  
 MIAMI FL 33139

**MIAMI BEACH.**

Mailing Address

1521 ALTON RD #341  
 MIAMI FL 33139

**MIAMI BEACH.**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0992445**

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

**ACEVEDO, ALVARO B**  
**1521 ALTON ROAD #341**  
**MIAMI FL 33196**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PD**  
**ACEVEDO, ALVARO B**  
**1521 ALTON ROAD #341**  
**MIAMI FL 33196**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment 871320  
**LOS RABANES, CORP.** #P00000026775  
1521 Alton Road  
Suite 341  
Miami, FL 33139  
Tel. (305) 674-7590

August 3, 2002

FLORIDA-DEPARTMENT OF STATE  
DIVISION OF CORPORATION

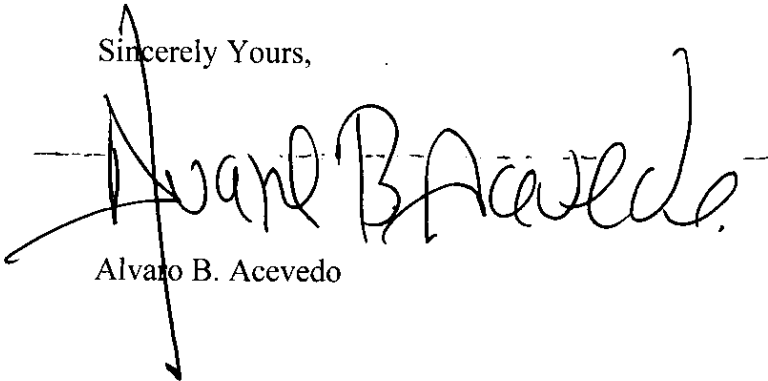
Gentlemen:

We never received the first notice of the UBR/2002, we did not know that we have to send this every year.

Please waive penalty charges; attached you will find a check for \$150.00 and Form UBR 2002.

Any questions or concerns feel free to contact me.

Sincerely Yours,

  
Alvaro B. Acevedo