

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90113 016 ***150.00

0217969

DOCUMENT # P00000045629

1. Entity Name

HONDURAS RAG, CORP.

Principal Place of Business

Mailing Address

**703 SW 100 COURT CIRCLE
MIAMI FL 33174**

**703 SW 100 COURT CIRCLE
MIAMI FL 33174**

2. Principal Place of Business

1511 EAST 11th AVE

3. Mailing Address

1511 EAST 11th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Hialeah, Florida

Zip

33010

Country

DADE

Zip

33010

Country

DADE

4. FEI Number

65-1009837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PENA, JUANA I
703 SW 100 COURT CIRCLE
MIAMI FL 33174**

7. Name and Address of New Registered Agent

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.

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 \$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. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ALTAMIRANO, JORGE LUIS**
STREET ADDRESS **703 SW 100 COURT CIRCLE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **D** ☐ Delete
NAME **MUNOZ, JIM ELROY**
STREET ADDRESS **703 SW 100 COURT CIRCLE**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

Jorge Luis Altamirano Presidente
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 1/01 (305) 883-4728

CR2E034 (10/00)