

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-24-2002 91337 036 ***150.00

DOCUMENT # **0000004663**

1. Entity Name

TRASER & SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

268 ST S.W. 152 AVE.

Suite, Apt. #, etc.

3. Mailing Address

9490 OLD CUTLER ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HONESTAD, FL 33030

City & State

CORAL GABLES, FL

4. FEI Number

65-1006151

Applied For

Not Applicable

Zip

33030

Country

MIAMI-DADE

Zip

33156-2243 MIAMI-DADE

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RAFAEL J. HOYOS

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

9490 OLD CUTLER LANE

City

CORAL GABLES

FL

Zip Code

33156

**DO NOT WRITE
IN THIS SPACE**

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

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

RAFAEL J. HOYOS, PRES

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/2002

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	DIRECTOR - PRESIDENT
NAME	RAFAEL J. HOYOS
STREET ADDRESS	9490 OLD CUTLER LANE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	DIRECTOR
NAME	MARIA C. LEIVA
STREET ADDRESS	9490 OLD CUTLER LANE
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Rafael Hoyos R*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL HOYOS

President

May 1/2002

Date

Daytime Phone #

(305) 331-5154

CR2E034B (12/01)