2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000061166

Entity Name: RA EMPIRE, INC.

Current Principal Place of Business:

6401 SW 62 TERR.
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 430018
SOUTH MIAMI, FL 332430018

New Mailing Address:

FEI Number: 74-2973151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAPHAEL, SASA
6401 SW 62 TERR.
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PST	( ) Delete
Name:	RAPHAEL, SASA	
Address:	6401 SW 62ND TERRACE	
City-St-Zip:	MIAMI, FL 33143	
Title:	VP	( ) Delete
Name:	LATSON, THERONE JR	
Address:	3835 NW 14TH PLACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	VP	( ) Delete
Name:	TAVERNIER-MUHAMMAD, FAISAL	
Address:	2750 NW 172ND TERRACE	
City-St-Zip:	MIAMI, FL 33156	
Title:	VP	( ) Delete
Name:	CODRINGTON, SIMON P	
Address:	6620 SW 63RD TERRACE	
City-St-Zip:	SOUTH MIAMI, FL 33143	
Title:	VP	( ) Delete
Name:	THOMPSON, TISHKA	
Address:	6401 SW 62ND TERRACE	
City-St-Zip:	SOUTH MIAMI, FL 33143	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SASA RAPHAEL PST 05/01/2002

Electronic Signature of Signing Officer or Director — Date