03-19-2001 90011 044 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000073900 1. Entity Name

RAYMAR BUSINESS SOLUTIONS, INC.

Principal Place of Business

Mailing Address

C/O FRANK WEINBERG & BLACK, P.A. 7805 SOUTHWEST 6TH COURT PLANTATION FL 33324

C/O FRANK WEINBERG & BLACK, P.A. 7805 SOUTHWEST 6TH COURT

PLANTATION FL 33324

2. Principal Place of Business 5079 Old Dixie Hwy.	3. Mailing Address SO79 Old Dixie How
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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لالفك	Old Dixie Hwy.	2010 Olds	H Sixi	74			411 94 11 [881
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	DO NOT WRITE IN THIS	SPACE	
City & Stat		City & State Oakland Par	K, FL	4	FEI Number 65-1034272	———	pplied For ot Applicable
3333°	Country	33334	Country		Certificate of Status Desired	\$8.75 Ad Fee Require	
~_~ _~	→ 6: Name and Address of Current Re	egistered Agent	31000	<u> </u>	Name and Address of New Registered	Agent	
WEINBERG, STEVE C/O FRANK WEINBERG & BLACK, P.A.		Name					
		Street Address (P.O. Box Number is Not Acceptable)					
7805 SOUTHWEST 6TH COURT PLANTATION FL 33324							
PANAMONTE COMET		City	City FL Zip Code				
8. The above	named entity submits this statement for t	he purpose of changing its req	gistered office or	registered ag	ent, or both, in the State of Florida.		
SIGNATURE.	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Re	egistered Agent signatu	re required when re	einstating) DATE		
	resting in clinible to postate its letographic	EILE NOWIII	FEE IS \$150.0				
	pration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1, 2001		_	10. Election Campaign Financing		00 May Be
_	ria on back)	Make Check Payable			Trust Fund Contribution.	Ädde	d to Fees
11.	OFFICERS AND D	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11
TITLE	PD	☐ Delete	TITLE	PD	1 612	Change	Addition
NAME	COLON, MARIA		1	Maria	L. Goldn		}
STREET ADDRESS	C/O 7805 SOUTHWEST 6TH COU	irt	STREET ADDRESS	•	DE 203 Thrace		J
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	Miam	N' FL 33179		
TITLE	STD	☐ Delete	TITLE	STD		- Change	Addition
NAME	COLON, RAUL	יחד	NAME	Colon,	Rand		}
STREET ADDRESS CITY-ST-ZIP	C/O 7805 SOUTHWEST 6TH COU	ri	STREET ADDRESS CITY-ST-ZIP	1020 8			ĺ
 -	PLANTATION FL 33324			MIRY	mi, FL 33/79	Chorac	Addition
*TITLE~~~~~ NAME		Delete .	TITLE - =	منتقي برجميني		_ [] Change	Addition]
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TITLE NAME		. Delete	TITLE NAME			☐ Change	Addition)
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				}
	partify that the information equalical with the	nio filing does not qualify for the		nd in Continu	110 07(9Vi) Florido Chebraco I brahava	ation about about	

responded 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: \

Presid and