

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088549

1. Entity Name

RAGING ENTERPRISES, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90075 038 ***150.00

80044149



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

22100 PALMS WAY #106
BOCA RATON FL 33433

22100 PALMS WAY #106
BOCA RATON FL 33433

2. Principal Place of Business

7040 W Palmetto Pk Rd.

3. Mailing Address

7040 W Palmetto Pk Rd #118

Suite, Apt. #, etc.

#4-118

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Boca Raton FL

4. FEI Number

59-3658152

Applied For

Not Applicable

Zip

Country

33433

Zip

33433

Country
US

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

MONSALVE, IVAN

22100 PALMS WAY #106

BOCA RATON FL 33433

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

3-30-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-01

CR2E034 (10/00)