

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90087 009 ***150.00

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DOCUMENT # P00000111209

1. Entity Name

RACAR CONSULTING, INC.

Principal Place of Business

Mailing Address

**8360 WEST FLAGLER ST.
 SUITE 200
 MIAMI, FL 33144**

**8360 WEST FLAGLER ST.
 SUITE 200
 MIAMI, FL 33144**

2. Principal Place of Business

300 BISCAYNE BLVD Way

Suite, Apt. #, etc.
720

3. Mailing Address

300 BISCAYNE BLVD Way

Suite, Apt. #, etc.
720

City & State

MIAMI

City & State

MIAMI

Zip

33131

Country

US

Zip

33131

Country

US

4. FEI Number

65-1070255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDONE, RALPH Q.

**8360 WEST FLAGLER ST.
 SUITE 200
 MIAMI, FL 33144**

7. Name and Address of New Registered Agent

Name **CARDONE RALPH Q.**

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

300 BISCAYNE BLVD Way - SUITE 720

City **MIAMI**

FL

Zip Code **33131**

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

R. Cardone

(NOTE: Registered Agent signature required when reinstating)

APRIL 10-2001

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 ☐ Delete
 NAME **PD CARDONE, RALPH Q**
 STREET ADDRESS **8360 WEST FLAGLER ST. SUITE 200**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

R. Cardone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 10-2001

Date

305 297 5204

Daytime Phone #

CR2E034 (10/00)