## FOR PROFIT CORPORATION

## **FILED**

UNIFORM BUSINESS REPORT (UBR)			May 27, 2002 8:00 am	
DOCUMENT #PO/C	0000398	3	Secretary of State 05-27-2002 90441 043 ***150.00	
RAY'S TRUCK & CAR	WASH, INC.	•		
DO NOT WRIT	TE IN THIS S	PACE		
2. Principal Place of Business	3. Mailing Address			
1004 NW 1st. STREE Suite, Apt. #, etc. #	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State FT. LAUDERDALE, F	City & State		4. FEI Number Applied For	7
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	1
		<u> </u>	7. Name and Address of Current Registered Agent	7
DO NOT WRITE IN THIS SPACE		Street Add	Raymond Gordon  dress (P.O. Box Number is Not Acceptable) 1004 NW 1st. Street  Ft. Lauderdale, FL 33311  FL Zip Code	
8. The above named entity submits this stateme SIGNATURE Signature typed or printed name of registered at  9. This corporation is eligible to satisfy its Intangata filing requirement and elects to do so. (See criteria on back)  [See Criteria on back]	gible January 1 - After Man		required when reinstating)  4/30/02 DATE  10. Election Campaign Financing Trust Fund Contribution.	
11. OFFICERS A	ND DIRECTORS			1
TITLE NAME President / Di Raymond Gordon 1004 NW 1st. S CITY-ST-ZIP Ft. Lauderdale	treet	TITLE NAME STREET ADDRESS CITY-ST-ZIP		3/B /12/04)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
NTLE VAME	/d (,	TITLE		

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 of 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT / DIRECTOR

4/30/02 9<u>54-764-1</u>655

Daytime Phone #