

2003 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91887 008 \*\*\*150.00

**DOCUMENT #** P01000003983

**1. Entity Name** RAYS TRUCK & CAR WASH, INC.



**DO NOT WRITE IN THIS SPACE**

90129343

**2. Principal Place of Business**

**2. Mailing Address**

18810

Suite, Apt. #, etc.

17-18810 NW 8th COURT

City & State

MIAMI, FL 33169

Zip

Country

Zip

Country

**4. FEI Number**

65-1068088

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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**7. Name and Address of Current Registered Agent**

Name

Street Address Raymond A GORDON  
18810 NW 8th COURT

MIAMI, FL 33169

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** President / Director  
**NAME** RAYMOND A. GORDON  
**STREET ADDRESS** 18810 N.W. 8th COURT  
**CITY-ST-ZIP** MIAMI, FL 33169

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**12. 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 10 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 #

CR2E034B (12/02)