


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2003 8:00 am
Secretary of State
05-09-2003 90146 027 ***150.00

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DOCUMENT # P01000026753

1. Entity Name
RAGAR CORPORATION



Principal Place of Business
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

Mailing Address
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

2. Principal Place of Business
1970 SCHODNER LN

3. Mailing Address

Suite, Apt. #, etc.

City & State
WESTON, FLORIDA

City & State

Zip 33327 **Country** USA

Zip **Country**

4. FEI Number 65-1101223

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

ALBORNOZ, WILLIAM H ESQ
901 PONCE DE LEON BLVD SUITE 603
CORAL GABLES FL 33134

Name FIDEL MACEDA

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

1818 Mariners Lane

City WESTON **FL** **Zip Code** 33327

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 *Fidel Maceda* **DATE** 3/25/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, AURORA 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE: *Fidel Maceda* **SIGNATURE REQUIRED**

DATE 3/25/2003 **Daytime Phone #** 954 6806808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)