

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91746 047 ***150.00

DOCUMENT # *P01000049799*

1. Entity Name
RADUTA ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>701 NW 13th STREET</i> Suite, Apt. #, etc. <i># F-1</i> City & State <i>BOCA RATON, FL</i> Zip <i>33486</i> Country <i>PALM BEACH</i>	3. Mailing Address <i>701 NW 13th STREET</i> Suite, Apt. #, etc. <i># F-1</i> City & State <i>BOCA RATON</i> Zip <i>33486</i> Country <i>PALM BEACH</i>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-1105417</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>RADUTA, FLORIAN</i>
Street Address (P.O. Box Number is Not Acceptable) <i>701 NW 13th STREET # F-1</i>
City <i>BOCA RATON</i> FL Zip Code <i>33486</i>

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]* *FLORIAN RADUTA* *5/13/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP <i>DPT RADUTA, FLORIAN 701 NW 13th STREET # F-1 BOCA RATON, FL 33486</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>S SESTITO, RODICA D 313 NE 5th STREET HALLANDALE, FL 33009</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE: *[Signature]* *FLORIAN RADUTA* *5/13/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)