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

DOCUMENT # P01000059901

1. Entity Name

M L RAGS, CORP.

FILED

03 SEP 30 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3630 NW 76 ST	3630 NW 76 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33147 Country: USA	Zip: 33147 Country: USA

4. FEI Number: 65-1114620 ☐ Applied For ☐ Not Applicable

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: MARIA D, LINARES

Street Address (P.O. Box Number is Not Acceptable): 317 NW 32 ST

City: MIAMI **FL** Zip Code: 33197

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: Maria Linares MARIA D. LINARES 9/25/03

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	P/S
NAME	LINARES, MARIA D.
STREET ADDRESS	317 NW 32 ST
CITY-ST-ZIP	MIAMI, FL. 33197
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600023418856
09/30/03--01025--024 **300.00

DO NOT WRITE 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 all other like empowered.

SIGNATURE: Maria Linares MARIA D. LINARES 9/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)

Maria D. Linares
317 NW 32nd ST
Miami, Fl. 33197

September 25, 2003

To Whom It May Concern:

This is just a brief letter stating that I did not receive the Uniform Business Report of my company M L Rags, Corp. Along with this letter you will find my (UBR) for the years of 2002 and 2003 and a check for the amount of $300.00.

I thank you in advance for your help and understanding. If there are any questions please feel free to give me a call at the above number.

Sincerely,

Maria de Linares
Maria D. Linares

..200231 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

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CITY-ST-ZIP	MIAMI, FL. 33197	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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