

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90276 027 \*\*\*150.00

DOCUMENT # P010000 60514

1. Entity Name

**RAVIJO, INC.**

000044

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1760 S.W. CORAL WAY**  
Suite, Apt. #, etc.

3. Mailing Address

**1760 CORAL WAY**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI FL**

4. FEI Number

**65-1114038**

Applied For

Not Applicable

Zip

**33145**

Country

**USA**

Zip

**33145**

Country

**USA**

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

**ANDREW CUEVAS CUEVAS & RUBEN**

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

**536 BILT MORE WAY**

City

**CORAL GABLES**

**FL**

Zip Code

**33134**

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

(NOTE: Registered Agent signature required when resigning)

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	<b>P/D</b>	TITLE	
NAME	<b>JOSE PERALTA</b>	NAME	
STREET ADDRESS	<b>1760 CORAL WAY</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33145</b>	CITY - ST - ZIP	
TITLE	<b>S/V/T</b>	TITLE	
NAME	<b>VICTORIA PERALTA</b>	NAME	
STREET ADDRESS	<b>1760 CORAL WAY</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33145</b>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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**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 entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/03**

Date

**305-856-3389**

Daytime Phone #

CR2E034B (12/01)