

**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

3. Mailing Address

1760 CORAL WAY

Suite, Apt. #, etc.

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	P/D	TITLE	
NAME	JOSE PERALTA	NAME	
STREET ADDRESS	1760 CORAL WAY	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33145	CITY - ST - ZIP	
TITLE	S/V/T	TITLE	
NAME	VICTORIA PERALTA	NAME	
STREET ADDRESS	1760 CORAL WAY	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33145	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**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 were.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03

Date

305-856-3389

Daytime Phone #

CR2E034B (12/01)