

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90034 028 \*\*\*150.00

**DOCUMENT # P01000082248**

1. Entity Name  
**UNITED RAGS BROKERS, INC.**

Principal Place of Business

**8315 NW 186 ST. STE 404  
 MIAMI FL 33015**

Mailing Address

**8315 NW 186 ST. STE 404  
 MIAMI FL 33015**

2. Principal Place of Business

**3727 NW 52 ST**  
 Suite, Apt. #, etc.

3. Mailing Address

**3727 NW 52 ST**  
 Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI FL**

4. FEL Number

**65-1138724**

Applied For

Not Applicable

Zip

**33142**

Country

**USA**

Zip

**33142**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FLORES, WILFRED S  
 8315 NW 186 ST, STE 404  
 MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>FLORES, WILFRED S</b>       |                                 |
| STREET ADDRESS | <b>8315 NW 186 ST, STE 404</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33015</b>          |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>BOUE, MARIA J</b>           |                                 |
| STREET ADDRESS | <b>5313 COLLINS AVE</b>        |                                 |
| CITY-ST-ZIP    | <b>MIAMI BCH FL 33140</b>      |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>HUGUES, MARIA S</b>         |                                 |
| STREET ADDRESS | <b>5313 COLLINS AVE</b>        |                                 |
| CITY-ST-ZIP    | <b>MIAMI BCH FL 33140</b>      |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>BENITES, LUIS A</b>         |                                 |
| STREET ADDRESS | <b>8315 NW 186 ST, STE 404</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33015</b>          |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/02**

Date

Daytime Phone #

CR2E034 (9/01)