

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90131 032 ***150.00

DOCUMENT # P01000082248	
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1. Entity Name
UNITED RAGS BROKERS, INC.

Principal Place of Business 3727 NW 52 ST MIAMI, FL 33142	Mailing Address 3727 NW 52 JT MIAMI, FL 33142
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04212004 Chg-P CR2E034 (10/03)

4. FEI Number 65-7138724	Applied For Not Applicable
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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 **FLORES, WILFRED S.**
Street Address (P.O. Box Number is Not Acceptable)
3727 NW 52 ST
City **MIAMI** FL **33142**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **FLORES, WILFRED S.** DATE **4/26/04**

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

(NOTE: Registered Agent signature is required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME FLORES, WILFRED S	
STREET ADDRESS 8315 NW 186 ST, STE 404	
CITY-ST-ZIP MIAMI, FL 33015	

TITLE D	<input type="checkbox"/> Delete
NAME BOUE, MARIA J	
STREET ADDRESS 5313 COLLINS AVE	
CITY-ST-ZIP MIAMI BCH, FL 33140	

TITLE D	<input type="checkbox"/> Delete
NAME HUGUES, MARIA S	
STREET ADDRESS 5313 COLLINS AVE	
CITY-ST-ZIP MIAMI BCH, FL 33140	

TITLE D	<input checked="" type="checkbox"/> Delete
NAME BENITES, LUIS A	
STREET ADDRESS 8315 NW 186 ST, STE 404	
CITY-ST-ZIP MIAMI, FL 33015	

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

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

11. 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	
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STREET ADDRESS	
CITY-ST-ZIP	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **FLORES, WILFRED S.** DATE **4/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #