2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)			FILED Apr 17, 2002, 8:00 am	
DOCUMENT # P0100089482 1. Entity Name			Apr 17, 2002 8:00 am Secretary of State	
RÁUDALL CORP.			04-17-2002 90144 011 ***150.00	
Principal Place of Business	Mailing Address			
604 SOUTHWEST 80TH TERRACE NORTH LAUDERDALE FL 33068	604 Southwest 80th Terf North Lauderdale FL 330		T LEBOURDS HIT DOUBL HERD DENT DENT DENT DENT DENTE TRUE TRUE (BUR CRUZ HER 1885)	
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number O 4-3626780 Not Applied For Not Applicable	
Zip Country 6. Name and Address of Cur	Zip	Country	5. Certificate of Status Desired	
6. Name and Address of Cur	Telli negistered Agent	-Nerfye)		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.		Street Address	So. BoyNumber is Not Accompany L	
4TH FLOOR MIAMI FL 33145		SWIDETH	Lauderdale FL 193068	
8. The above named entity submits this statement	. 11 //	egistered office or regist	7 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	
SIGNATURE Signature, typed or printed name of registered		Kene Ko Registered Agent signature redain	audales Resident. 1/28/02	
This corporation is eligible to satisfy its Intan Tax filing requirement and elects to do so. (See criteria on back)		FEE IS \$150.00 Fee will be \$550.00 to Department of St		
11. OFFICERS	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD NAME RAUDALES, RENE STREET ADDRESS 604 SOUTHWEST 80TH TERF	☐ Delete	TITLE NAME	☐ Change ☐ Addition	
CITY-ST-ZIP NORTH LAUDERDALE FL 330		STREET ADDRESS CITY-ST-ZIP		
NAME RAUDALES, FERNANDO STREET ADDRESS 804 SOUTHWEST 80TH TERF	Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
CITY-ST-ZIP NORTH LAUDERDALE FL 330		CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	Delete	TITLE NAME STREET ADDRESS	Change Addition	
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME	Change Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-2IP	4	STREET ADDRESS CITY-ST-ZIP		
indicated on this report/or suprilemental rep	ort is true and accurate and that my	signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if	