

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 90710 014 ***550.00

DOCUMENT # P01000090441

1. Entity Name
RAFOLS 1 2 3 INC.

Principal Place of Business

**12599 SW 28TH CT.
 MIRAMAR FL 33027**

Mailing Address

**12599 SW 28TH CT.
 MIRAMAR FL 33027**

2. Principal Place of Business

6352 NW 82nd Ave
 Suite, Apt. #, etc.

3. Mailing Address

6352 NW 82nd Ave
 Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA

782 NW 42ND AVE., SUITE 637

MIAMI FL 33126

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 **PD** ☐ **Delete**
NAME **RAFOLS, OSCAR**
STREET ADDRESS **12599 SW 28TH CT.**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **D** ☐ **Delete**
NAME **RAFOLS, SERGIO M**
STREET ADDRESS **12599 SW 28TH CT.**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **D** ☐ **Delete**
NAME **RAFOLS, OLGA**
STREET ADDRESS **12599 SW 28TH CT.**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/20/02 (954) 629-3282

CR2E034 (9/01)