

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 02, 2002 8:00 am
Secretary of State

09-22-2002 90060 037 ***550.00

DOCUMENT # P01000117523

1. Entity Name
RAPTOR INVESTMENTS, INC.

Principal Place of Business
**2855 N UNIVERSITY DRIVE STE 320
 CORAL SPRINGS FL 33065**

Mailing Address
**2855 N UNIVERSITY DRIVE STE 320
 CORAL SPRINGS FL 33065**

2. Principal Place of Business
105 NW 13th Ave
 Suite, Apt. #, etc.

3. Mailing Address
105 NW 13th Ave
 Suite, Apt. #, etc.

City & State
Pompano Beach, FL
 Zip
33069
 Country
USA

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Pompano Beach, FL
 Zip
33069
 Country
USA

4. FEI Number
65-0491770

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

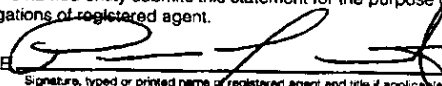
6. Name and Address of Current Registered Agent

LOVITO, PAUL F JR
**2855 N UNIVERSITY DRIVE STE 320
 CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name
LOVITO, PAUL F JR
 Street Address (P.O. Box Number is Not Acceptable)
105 NW 13th Ave
 City
Pompano Beach FL Zip Code
33069

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

(NOTE: Registered Agent signature required when reinstating)

Date
9/16/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

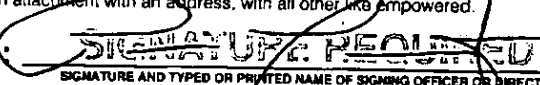
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVITO, PAUL F JR 2855 N UNIVERSITY DRIVE STE 320 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVITO, MATTHEW J 2855 N UNIVERSITY DRIVE STE 320 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVITO, MARC A 2855 N UNIVERSITY DRIVE STE 320 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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 **9/16/02 (954) 346-5799**
 DayTime Phone #

CR2E034 (4/02)