2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rece changed, or on an attachme

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # P01809** 1. Entity Name WHITECRAFT RATTAN, INC. 01-29-2001 90006 034 ***150.00 Principal Place of Business Mailing Address 7350 NW MIAMI COURT 7350 NW MIAMI COURT **MIAMI FL 33150** MIAMI FL 33150 RUUANNU 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 Applied For 59-2403560 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired -----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRAGA, MANUEL, JR. Street Address (P.O. Box Number is Not Acceptable) 7350 NW MIAMI COURT MIAMI FL 33138 Zip Code FL 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, 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 FILE NOW!!! FEE & \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TS TITLE Delete TITLE ☐ Change ☐ Addition NAME FRAGA, MANUEL, JR. NAME STREET ADDRESS 7350 NW MIAMI COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DIZON, MANUEL A. NAME NAME STREET ADDRESS 7350 NW MIAMI COURT STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP Đ TITLE Delete TITLE Change ☐ Addition BANSON, LUIS T NAME NAME STREET ADDRESS 7350 NW MIAMI COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCLAUGHLIN, GEORGE NAME NAME STREET ADDRESS 7350 NW MIAMI COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition NAME SOLMON, PERRY S. NAME STREET ADDRESS 7350 NW MIAMI CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 is report or 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 ee enpowered between this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if upplemen

ANUEL FRAGA TR