

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

01-29-2003 90303 039 ***150.00

DOCUMENT # P02000011146

1. Entity Name
RATON CORPORATION



Principal Place of Business
**11741 QUAIL ROOST DR.
MIAMI FL 33177**

Mailing Address
**11741 QUAIL ROOST DR.
MIAMI FL 33177**

2. Principal Place of Business
11741 QUAIL ROOST DR.
Suite, Apt. #, etc.

3. Mailing Address
11741 QUAIL ROOST DR.
Suite, Apt. #, etc.

City & State **MIAMI, FLORIDA**

City & State **MIAMI, FLORIDA**

Zip **33177** Country **U.S.A.**

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4. FEI Number
75-2991889

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOSSAIN, MOHAMMAD A
11741 QUAIL ROOST DR.
MIAMI FL 33177**

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

SIGNATURE **A. HOSSAIN, MOHAMMAD AKRAM HOSSAIN**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HOSSAIN, MOHAMMAD A**
STREET ADDRESS **11741 QUAIL ROOST DR.**
CITY-ST-ZIP **MIAMI FL 33177**

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: **AKRAM HOSSAIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)