

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91780 010 \*\*\*150.00

**DOCUMENT # P02000026382**



1. Entity Name  
**RAVELO-SUB INTERNATIONAL CORP.**

Principal Place of Business  
P.O. BOX 190935  
MIAMI BEACH, FL 33119-0935

Mailing Address  
P.O. BOX 190935  
MIAMI BEACH, FL 33119-0935

✓11041291



2. Principal Place of Business  
**5750 Collins Ave**

3. Mailing Address  
**P.O. Box 190935**

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.  
**3F**

Suite, Apt. #, etc.

City & State  
**MIAMI Bch FL**

City & State  
**MIAMI Bch FL**

4. FEI Number  
**020586775**

Applied For  
☐ Not Applicable

Zip  
**33140**

Country  
**DADE**

Zip  
**33119**

Country  
**DADE**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, LOURDES M  
1001-91 STREET  
UNIT 211  
BAY HARBOR ISL, FL 33164

**5750 Collins Ave  
UNIT 3F  
MIAMI Bch, FL  
33140**

Name  
**Lourdes Gomez**

Street Address (P.O. Box Number is Not Acceptable)

**5750 Collins Ave # 3F**

City **MIAMI Bch.** FL Zip Code **33140**

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

**Lourdes M. GOMEZ**

**04/30/03**

Signature, typewritten name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEES \$160.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GOMEZ, LOURDES M  
1001-91 ST. UNIT 211  
BAY HARBOR ISL, FL 33164

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
RAVELO, ALEJANDRO  
1001-91 ST. UNIT 211  
BAY HARBOR ISL, FL 33164

☐ Delete

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

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

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

**Lourdes M Gomez 04/30/03**

**786-223-4663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)