

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90115 050 \*\*\*150.00

**DOCUMENT # P02000027288**

1. Entity Name

RAICES DE MI TIERRA, CORP.



Principal Place of Business  
17751 S.W. 141 CT  
MIAMI FL 33177

Mailing Address  
17751 S.W. 141 CT  
MIAMI FL 33177



2. Principal Place of Business

185 Sunny Isles Blvd.  
Suite, Apt. #, etc.

3. Mailing Address

185 Sunny Isles Blvd.  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Sunny Isles Beach

City & State

Sunny Isles Beach

4. FEI Number

01-0629105

Applied For  
Not Applicable

Zip

33160

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTAL, RAUL  
17751 S.W. 141 CT  
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name: RODRIGUEZ, NAYVE  
Street Address (P.O. Box Number is Not Acceptable): 185 Sunny Isles Blvd.  
Sunny Isles Beach  
City: FL Zip Code: 33160

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

**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: DP  
NAME: ORTAL, RAUL  
STREET ADDRESS: 17751 S.W. 141 CT  
CITY-ST-ZIP: MIAMI FL 33177 ☒ Delete

TITLE: DP  
NAME: RODRIGUEZ, NAYVE  
STREET ADDRESS: 17751 S.W. 141 CT  
CITY-ST-ZIP: MIAMI FL 33177 ☐ Delete

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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: **S. Rodriguez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)