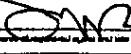
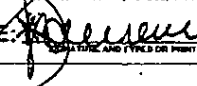


FILED

9/17/2003 90022 042 \$150.00 \$150.00 | 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047048			
1. Entity Name RAE'S CULINARY CREATIONS INC.			
Principal Place of Business 9 SW 13 ST FT LAUDERDALE, FL 33315		Mailing Address 9 SW 13 ST FT LAUDERDALE, FL 33315	
2. Principal Place of Business 3200 N. Ocean Drive		2. Mailing Address [REDACTED]	
State, Apt. #, etc. #505		State, Apt. #, etc. [REDACTED]	
City & State Hollywood, FL		City & State [REDACTED]	
Zip 33019	Country [REDACTED]	Zip [REDACTED]	Country [REDACTED]
3. Name and Address of Current Registered Agent JOHNSON, SEAN 9 SW 13 ST Suite 2 FT LAUDERDALE, FL 33315		4. FEI Number 03-0444912 Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent SEAN JOHNSON 9 SW 13 ST Suite 2 FT LAUDERDALE, FL 33315	
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 		DATE 9/10/03	
FEE: NOW \$150.00 (Previously \$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 Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P HAWKESWORTH, SHAUNARAE 3200 N OCEAN DR HOOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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)(f), 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 addendum with an address, with all other line empowered.			
SIGNATURE 		DATE 9/10/03	

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 13 PM 1:45

FILED

CR0204 (10/02)

Attachment#

80148854

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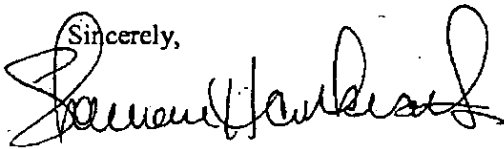
Florida Department of State Division of Corp
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing this letter to inform you that I never received my 2003 Uniform Business Report. Upon calling the Department of Revenue I was informed that the report had been sent to the wrong address. It should have been sent to 9sw 13th Street Suite 2 and it was not. Per the Department of Revenue, I am writing this letter and enclosing a check for the \$150.00 for the original fee. I respectfully request that the Department of Revenue process my UBR and check, in addition wave all late fees.

If you have any questions, please contact me.

Sincerely,



Shaunarae Hawkesworth