## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2003 8:00 am Secretary of State

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DOCUMENT # P02000055309  1. Entity Name RAPANOS BUILDERS, INC.						04-14-2003 90066 009 ***150.00				
Principal Place 10281 SW 128 MIAMI FL 331		Mailing Address 10261 SW 128TH STREET MIAMI FL 33178			}	55034015 .				
		• • ·								•
2. Principal F	Place of Business	3. Mailing Address				1 1991 3601 (21 650) 1 (251 1 500) 400)	0 E9() 45(83 B)68	<b>Bir##</b> Ilitri	filito raes (0 i)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			]_	CHECK HERE IF MAKING CHANGES				
City & Star	e	City & State			4. F	4. FEI Number 3044870 Applied Fo Not Applied Fo				
Zip	Country	Zip Co		ntry 5. (		ertificate of Status Desired		3.75 Ad e Requir		
	8. Name and Address of Current	Registered Agent			7. N	ame and Address of New R	gistered Ag	ent _		]
			Name _ /	اوارجست .						
CORPORATE CREATIONS NETWORK, INC.				-HV		HONY J. PARSONS				4
	,		Street Address	(P,Q. Bo	x Number is Not Acceptable	)				
	TH STREET #200	 		<del></del>				4		
MIAMI BE/	NCH FL 33139() ()			1023	50	SOUTHWEST	1105	1RE	ET	1
**				City M	AM	1	FL	Zip Coc		1
8: The above	named entity submits this statement (4	Hipe purpose of changing its	registere	d office or registe	red age	nt, or both, in the State of Flo	ida. I am farr	iliar with,	and accept	7
	tions of registered agent.	$\mathcal{O}$						<i>f</i>		
SIGNATURE	Signature (your or printed name of registered special	E: Registerer	d agent signature require	ld when rein	natating)	/ LO /	0.3.	<u> </u>		
										-
	ILE NOWIII FEE IS \$150.00				9. Election Campaign Fin	ancina	\$5.0	0 May Be	Ί	
After May 1, 2003 Fee will be \$550.00				1 170		Trust Fund Contribution			d to Fees	
Make Checi	k Payable to Florida Department of	State		•	j				46	]
10.	OFFICERS AND	DIRECTORS	11.		ADD	DITIONS/CHANGES TO OFFI	CERS AND D	RECTOR	S IN 11	1
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NAME	apanos, john <sup>i‡</sup>		NAME							15
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	L	ship filling plant and a set of			online 4.5	ID 07/9VI) Florid Charles 1	further model.	that the !-	formation	<b>}</b> ,
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee enjoy or on an attachment with an address, w	true and accurate and that r	ny signat	npuon stated in 56 ure shall have the	same ie	gal effect as if made under o	eth; that I am i	an officer	or givector	2
of the cor	poration or the receiver or trustee empo	wered to execute this report	as requir	ed by Chapter 607	7, Florida	a Statutes; and that my name	appears in Bi	ock 10 or	Block 11 if	l
പേരവള60,	or on an attachment with an appless, w	nui an ourey ince empowered.			Λ					<u> </u>

SIGNATURE

SIGNATURE AND TYPES ON PRINTED NAME OF SUNDING OFFICER OR DIRECTOR

OHN KAPANOS 4-11

-/0-03 305-598-8995