

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90082 001 ***150.00

0296646 AV

DOCUMENT # P02000086463

1. Entity Name
ARAUZ INTERNATIONAL, INC.



Principal Place of Business
**9952 SW 8TH ST #124
MIAMI FL 33174**

Mailing Address
**9952 SW 8TH ST #124
MIAMI FL 33174**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

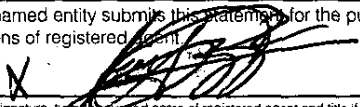


☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ARAUZ, RAFAEL O
9952 SW 8TH ST #124
MIAMI FL 33174**

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  (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARAUZ, RAFAEL O 9952 SW 8TH ST #124 MIAMI FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS ARAUZ, RAFAEL O 9952 SW 8TH ST #124 MIAMI FL 33174 ☐ 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)(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 another line empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

90150685
P02000086463

ARAUZ INTERNATIONAL INC.
9952 SW 8TH ST, # 134
MIAMI, FL. 33174

Miami Florida

August 13, 2003

Florida Department of State
Division of Corporation.
P. O. Box 6327
Tallahassee, Fl. 32314

Re: 2003 Uniform Business Report
Corporate #P02000086463
ARAUZ INTERNATIONAL, INC.

Dear Sir;

Enclosed please find 2003 UNIFORM BUSINESS REPORT for the annual
Corporate Report. Enclosed is my ck. # for the amount of \$150.00, to paid the
above Annual fee and for year 2003.

Please accept this payment, because we do not have any knowledge about the
existence of such fees, and this report got misplaced . I will make sure that this fee in the
future this will be paid on time.

If you need any more information please do not hesitate to contact me.

Sincerely yours,

ARAUZ INTERNATIONAL INC.



RAFAEL ARAUZ.
President.