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

## FILED Apr 17, 2003 8:00 am Secretary of State

DOCUMENT # P02000088955  1. Entity Name RAUSSEO KLEMENTI CORPORATION INC.					04-17-2003 90210 012 ***150.00				
Principal Place 9081 SW 54 P COOPER CITY,	PL	Mailing Address 9081 SW 54 PL COOPER CITY, FL 33328							
	ace of Business Lake Ave. #, etc.	3. Mailing Address  200 Cresto Suite, Apt. \$, etc.  Apt 206	wood ct		☐ CHECK HERE IF	MAKING CHAN	GES		_
City & State	1 //	Royal Palm 1	Boach F	-/. 4. F	E) Number フケークフリリ	07	Applied Not Appl		-
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired		Additional		
3 34	6. Name and Address of Current	Registered Agent ————	U <i>S/</i> f	7. N	ame and Address of New Re				
RAUSSEO,	CARLOS	1 -1 -0 +	Name						
SOST SW 54 COOPER C	PL 200 Crestwart, FL 33328 Royal Dow	100d Ct., Apt 201 Pm Death, 71 334	6 Street A	ddress (P.O. B	ox Number is Not Acceptable)				
	Hoyar Par	m wear, H Joy	<i>+11</i>			•			
			City			FL Zik	Code		
8. The above the obligation	named entity submits this statement for one of registered agent.	r the purpose of changing its req	gistered office o	registered age	ent, or both, in the State of Flori	da. I am familiar	with, and a	ccept	
SIGNATURE _	Signature, typed or printed name of regiments agent	and side if applicable. (NOTE R	logistered Agentsignal	ne serbied when a	nstating)	DATE		- }	
After	ILE NOWIT FEE IS 1/160.00 May 1, 2003 Fee will be \$550,00 Payable to Florida Department	of State			Election Campaign Fina     Trust Fund Contribution.	-	\$5.00 Ma Added to Fe		
10.	OFFICERS AND		11.	AD	DITIONS/CHANGES TO OFFIC				5
	D RAUSSEO, CARLOS	☐ Celete	TITLE NAME			<b>)⊠</b> Ch		Addition	CRZE034 (10/02
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NAME STIFET ADDRESS CITY-ST-ZP TITLE NAME STIFET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP 12. I hereby concidered of the corp	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or orran attachment with an augusts.	Delete  Delete  this filling does not qualify for the strue and accurate and that my owered to execute this report as	TITLE  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  THE STREET ADDRESS CITY-ST-ZIP  THE STREET ADDRESS CITY-ST-ZIP  THE EXEMPLIANCE SHAIL TO TREQUITE SHAIL TO TREAT SHAIL THE SHAIL TH	apter 607, Florid	da Statutes; and that my name	Churther certify that this, that I am an o	ange	Addition  Addition ation ector k 11 lf	