

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

01-24-2003 90108 015 ***150.00

DOCUMENT # P02000098942

1. Entity Name
JRAW INC.



Principal Place of Business
C/O LAW OFFICES OF SALLY N. SAWH. P.A.
1054 KANE CONCOURSE
BAY HARBOR FL 33154

Mailing Address
C/O LAW OFFICES OF SALLY N. SAWH. P.A.
1054 KANE CONCOURSE
BAY HARBOR FL 33154



2. Principal Place of Business
2645 BAYSHORE DR. #1104

3. Mailing Address
2645 BAYSHORE DR. #1104

Suite, Apt. #, etc.
UNIT # 1104

Suite, Apt. #, etc.
UNIT # 1104

City & State
MIAMI FLA

City & State
MIAMI FLA

Zip
33133

Country
USA

Zip
33133

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YIPCHOY, WAYNE
C/O LAW OFFICES OF SALLY N. SAWH. P.A.
1054 KANE CONCOURSE
BAY HARBOR FL 33154

7. Name and Address of New Registered Agent

Name: YIPCHOY WAYNE
Street Address (P.O. Box Number is Not Acceptable)
2645 BAYSHORE Drive # 1104
City MIAMI FL Zip Code 33133

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 Y. Anne-Marie Yipchoy DATE MARCH 1st 2003
JAN 20 2003

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANNE-MARIE YIPCHOY 2645 S BAYSHORE DR APT. 1104 MIA FLA 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WAYNE YIPCHOY 2645 S BAYSHORE DR APT 1104 MIA FLA 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JASON YIPCHOY 2645 S BAYSHORE DR APT 1104 MIA FLA 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROSS 2645 S BAYSHORE DR APT. 1104 MIA FLA 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Y. Anne-Marie Yipchoy

Jan 20, 2003

March 1st 2003

CR2E034 (10/02)