

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90240 016 ***158.75

DOCUMENT # *P02000102221*

1. Entity Name
MRAW CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2913 NW 28th ST

Suite, Apt. #, etc.

3. Mailing Address

2913 NW 28 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT LAUD, FL

City & State

FT LAUD, FL

4. FEI Number

56-2320536

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33311

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MAUREEN WORTERS

Street Address (P.O. Box Number is Not Acceptable)

501 North L ST

City

LAKE WORTH

FL

Zip Code

33460

**DO NOT WRITE
IN THIS SPACE**

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

Maureen Worters

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MAUREEN WORTERS 4/28/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PRESIDENT*
NAME *MAUREEN WORTERS*
STREET ADDRESS *501 N. L ST*
CITY - ST - ZIP *LAKE WORTH, FL 33460*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maureen Worters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 954 731 0847

Date

Daytime Phone #

CR2E034B (12/02)