

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90053 021 ***150.00

DOCUMENT # P02000131422

1. Entity Name
MIS RAICES, INC.



Principal Place of Business
11392 NW 2 TERRACE
MIAMI FL 33172

Mailing Address
11392 NW 2 TERRACE
MIAMI FL 33172

2. Principal Place of Business

3958 SW 156 CT.
Suite, Apt. #, etc.

3. Mailing Address

3958 SW 156 CT.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL 33185

City & State
MIAMI FL

4. FEI Number
56-2382851

Applied For
☐ Not Applicable

Zip
33185

Country
U.S.

Zip
33185

Country
U.S.

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

6. Name and Address of Current Registered Agent

INCER, EVELYN V
11392 NW 2 TERRACE
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name EVELYN V. INCER

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

3958 SW 156 CT.

City MIAMI

FL

Zip Code 33185

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE P
NAME INCER, EVELYN V
STREET ADDRESS 11392 NW 2 TERRACE
CITY-ST-ZIP MIAMI FL 33172

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME INCER, EVELYN V
STREET ADDRESS 3958 SW 156 CT.
CITY-ST-ZIP MIAMI FL 33185

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03 (786) 357-0715

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80146830
P02000131422

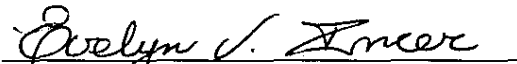
September 01, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

I, Evelyn V. Incer, ~~President~~ and Registered Agent for Mis Raices Inc. (refer to document # P02000131422) hereby request a waiver of the late fee for the filing of the Uniform Business Report based on the fact that we did not receive any prior notice to file.

Accordingly, we are enclosing the completed 2003 Uniform Business Report with the original \$150.00 filing fee.

Respectfully,


Evelyn V. Incer
President
Mis Raices, Inc
3958 SW 156 Court
Miami, FL 33185