FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000080902

1. Entity Name

R+A Business USA, Corp

FILED

06 SEP 20 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 05-06

2. Principal Place of Business	3. Mailing Address
2763 SE 15 Rd.	P.O. BOX 940836
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Homestead, FL	City & State: Miami, FL
Zip: 33035 Country	Zip: 33194 Country

4. FEI Number: 74-3099269 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Ramis, Evelyn

Street Address (P.O. Box Number is Not Acceptable): 2763 S.E. 15 Rd

City: Homestead FL Zip Code: 33035

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

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	D
NAME	Ramis, Victor
STREET ADDRESS	P.O. Box 940836
CITY-ST-ZIP	Miami, FL 33194
TITLE	T
NAME	Ramis, Evelyn
STREET ADDRESS	P.O. Box 940836
CITY-ST-ZIP	Miami, FL 33194
TITLE	AM
NAME	Andrew, Teresa
STREET ADDRESS	P.O. Box 940836
CITY-ST-ZIP	MIAMI, FL 33194
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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09/26/06--01035--012 ***300.00

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: ________ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

B. Mitchell SEP

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **R&A BUSINESS USA, CORP.**

Thank you for your courtesy in this matter.

VICTOR RAMIS
PRESIDENT