


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

192
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 13 AM 8:00

DOCUMENT # **P93000006529**

1. Entity Name
RAFLE CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1690 NW 20th St
Suite, Apt. #, etc.
City & State
MIAMI FL
Zip
33142 Country
US

3. Mailing Address
3899 NW 7th Street
Suite, Apt. #, etc.
203
City & State
MIAMI FL
Zip
33126 Country
USA

REINSTATEMENT 03

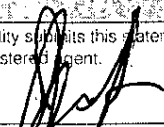
4. FEI Number
65-0390459

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

7. Name and Address of Current Registered Agent
Name
Fleptes, Jose R.
Street Address (P.O. Box Number is Not Acceptable)
8912 NW 148th Street
City
MIAMI FL Zip
33015

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  DATE **11/1/03**

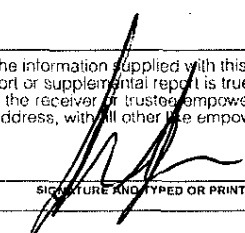
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	PRES, Sec. Fleptes Jose R. 8912 NW 148th St MIAMI FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700024619637 11/13/03-01007-012 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 fee empowered.

SIGNATURE:  DATE **11/1/03** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

292

October 25, 2003

Department of State
Division of Corporations
Tallahassee, FL 32314

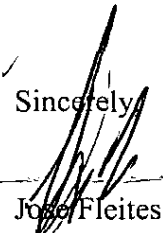
Subject: Rafle Corporation
Doc #: P93000006529

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2003 filing year. According to your records, you never received an annual report for our corporation. We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize for any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,


Jose Fleites
President