SIGNATURE AN

## **2001 UNIFORM BUSINESS REPORT (UBR)** May 04, 2001 8:00 am Secretary of State DOCUMENT # P93000020371 RAKER INDUSTRIES CORPORATION 05-04-2001 90033 043 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 971028 8205 SW 184 LN MIAMI FL 33157 MIAMI FL 33197 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0478339 Not Applicable Zip Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ~ 6. Name and Address of Current Registered Agent Name SAUNIG, ROBERT R. Street Address (P.O. Box Number is Not Acceptable) 8205 SW 184 LN **MIAMI FL 33157** Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change D ☐ Delete TITLE NAME NAME SAUNIG, ROBERT R STREET ADDRESS STREET ADDRESS 8205 SW 184 LN CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE ÑAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change \_\_\_ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualindicated on this report or supplemental report is true and accurate and ly for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am an officer or director eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trust d to execute this, changed, or on an attachment with an like empawered SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #