

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90052 035 ***150.00

DOCUMENT # P93000020371

1. Entity Name
RAKER INDUSTRIES CORPORATION

Principal Place of Business

~~8205 SW 184 LN~~
~~MIAMI FL 33157~~
~~US~~

Mailing Address

~~P O BOX 971028~~
~~MIAMI FL 33197~~
~~US~~

2. Principal Place of Business

3705 N.W. 115 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Bay 4

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Same

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0478339

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAUNIG, ROBERT R.

8205 SW 184 LN 471 Cypress Point Drive East
MIAMI FL 33157 Pembroke Pines, FL 33027

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

☐ **Tax filing requirement and elects to do so.**
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **SAUNIG, ROBERT R**
STREET ADDRESS **8205 SW 184 LN 471 Cypress Point Dr. East**
CITY-ST-ZIP **MIAMI FL Pembroke Pines FL 33027**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all block like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/02

305-259-9914

CR2E034 (9/01)