

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90005 028 \*\*\*150.00

0184735

**DOCUMENT # P93000035892**

1. Entity Name

**RAS ENTERPRISES, INC.**

Principal Place of Business

~~12851 SW 96TH STREET~~  
~~MIAMI FL 33186~~

**CHANGE**

**6885 NW 25th Street**  
**MIAMI, FL 33122**

Mailing Address

**231 ALTARA AVENUE**  
**CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0417562**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**ARANGO, ALVARO**  
**12251 SW 96TH STREET**  
**MIAMI FL 33186**

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, 2001 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 **PD** ☒ Delete  
NAME **ARANGO, ANA E**  
STREET ADDRESS **12251 S.W. 96TH ST.**  
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition  
NAME **ANA E. ARANGO**  
STREET ADDRESS **6885 NW 25 ST.**  
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **ALVARO ARANGO**  
STREET ADDRESS **6885 NW 25 ST.**  
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ~~**NATALIA M. ARANGO**~~ ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SECRETARY & TREASURER** ☐ Change ☒ Addition  
NAME **NATALIA M. ARANGO**  
STREET ADDRESS **6885 NW 25 ST**  
CITY-ST-ZIP **MIAMI, FL 33122**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)