FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90197 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056685

1. Entity Name
RAYMATT DEVELOPMENT CORP.

10062818

Principal Place of Business	Mailing Address
1500 SE 3 CT. SUITE 202 DEERFIELD BEACH, FL 33441 US	1500 SE 3 CT. SUITE 202 DEERFIELD BEACH, FL 33441 US

2. Principal Place of Business	3. Mailing Address
1021 Hillsboro Mile	1021 Hillsboro Mile
Suite, Apt. #, etc.: Suite 1007	Suite, Apt. #, etc.: Suite 1007
City & State: Hillsboro Beach Fl	City & State: Hillsboro Beach FL
Zip: 33062 Country: Broward	Zip: 33062 Country: Broward

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0428902 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
STRIAR, MICHAEL P
3864 SHERIDAN ST.
HOLLYWOOD, FL 33021

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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LYONS, MICHAEL 1500 SW 3 CT., STE 202 DEERFIELD BEACH, FL 33441 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1021 Hillsboro Mile S. 1007 Hillsboro Beach Fl 33062 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Lyons MICHAEL Lyons, Pres 3/28/03 954 788 7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #