

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90009 045 ***150.00

DOCUMENT # P94000004624

1. Entity Name
RAYMACK ENTERPRISES, INC.

Principal Place of Business
5001 S UNIVERSITY DRIVE
B
FORT LAUDERDALE FL 33324
US

Mailing Address
PO BOX 81-7858
HOLLYWOOD FL 33081-7858
US

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 **65-0441100**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKENZIE, RAY W.
1150 N 35TH AVE
SUITE 605
HOLLYWOOD FL 33021

Name **RAY W. MCKENZIE**
Street Address (P.O. Box Number is Not Acceptable) **5001 S. UNIVERSITY DRIVE**
SUITE B.
City **DAVIE** **FL** **Zip Code** **33328**

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 **RAY W. MCKENZIE**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when registering)

DATE **1-16-02**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **MCKENZIE, RAY W.**
STREET ADDRESS **1150 N 35TH AVE., SUITE 605**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **PRESIDENT** ☐ **Change** ☐ **Addition**
NAME **RAY W. MCKENZIE**
STREET ADDRESS **5001 S. UNIVERSITY DR. UNIT B**
CITY-ST-ZIP **DAVIE, FL. 33328**

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

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

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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: **RAY W. MCKENZIE** **1-16-02** **954-880-3530**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UNIFORM BUSINESS REPORT

CR2E034 (9/01)