

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90029 007 ***150.00

DOCUMENT # P94000076924

1. Entity Name
RAFE INVESTMENTS, INC.



Principal Place of Business
**5802 SW 112 WAY
COOPER CITY FL 33330**

Mailing Address
**5802 SW 112 WAY
COOPER CITY FL 33330**



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 **65-0531517**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RAMIREZ, DEBORAH A
5802 SW 112 WAY
COOPER CITY FL 33330**

7. Name and Address of New Registered Agent

Name **JORGE DE LA FE**
Street Address (P.O. Box Number is Not Acceptable)
5802 SW 112 WAY
City **COOPER CITY** FL **33330**

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 *Deborah A Ramirez*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-02

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

TITLE **PT** ☒ Delete
NAME **RAMIREZ, DEBORAH A**
STREET ADDRESS **5802 SW 112 WAY**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JORGE DE LA FE** ☐ Change ☐ Addition
NAME **PRESIDENT, SECRETARY**
STREET ADDRESS **TREASURER**
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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:

Deborah A Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-02 **305**
905-6913

Date

Daytime Phone #

CR2E034 (10/02)