

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078049

1. Entity Name
RAW IMAGE, INC.



Principal Place of Business
525 HAMPTON LANE
KEY BISCAYNE FL 33149

Mailing Address
525 HAMPTON LANE
KEY BISCAYNE FL 33149

2. Principal Place of Business
357 SW 21st ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33129

Country

U.S.A

Zip

Country

4. FEI Number 65-0648414

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

DE LARA, IVONNE C
525 HAMPTON LANE
KEY BISCAYNE FL 33149

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 PD ☐ Delete
NAME DE LARA, ALFREDO H
STREET ADDRESS 525 HAMPTON LANE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE PD ☒ Change ☐ Addition
NAME DE LARA, ALFREDO H
STREET ADDRESS 357 S.W. 21st. ROAD
CITY-ST-ZIP MIAMI FL 33129

TITLE STD ☐ Delete
NAME LITHERLAND-DE LARA, JAYE
STREET ADDRESS 525 HAMPTON LANE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE STD ☒ Change ☐ Addition
NAME LITHERLAND-DE LARA, JAYE
STREET ADDRESS 357 S.W. 21st. ROAD
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Signature of Alfredo H. De Lara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03

Date

305 860 6126

Daytime Phone #

CR2E034 (10/02)

0259890 AV