

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # **P95000002130**

1. Entity Name

**ISMAEL RAYO INC.**

04-23-2004 90504 001 \*\*\*150.00  
04-23-2004 90504 002 \*\*\*\*\*8.75

**DO NOT WRITE IN THIS SPACE**

**66414559**

2. Principal Place of Business

**1825 PONCE DE LEON BLVD**

3. Mailing Address

**THE SAME**

Suite, Apt. #, etc.

**SUITE 425**

Suite, Apt. #, etc.

**THE SAME**

City & State

**CORAL GABLES FL**

City & State

**FL**

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

4. FEI Number

**65-0551517**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**RAYO ISMAEL R.**

Street Address (P.O. Box Number is Not Acceptable)

**1825 PONCE DE LEON BLVD**

**SUITE 425**

City

**CORAL GABLES**

FL

Zip Code

**33134**

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IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
RAYO ISMAEL  
1825 PONCE DE LEON BLVD #425  
CORAL GABLES, FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-21-04**

Date

**(786) 229-9814**

Daytime Phone #

CR2E034B (12/01)