

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

FILED
Apr 26, 2007 8:00 am
Secretary of State

DOCUMENT # **P95000002130**

1. Entity Name

ISMAEL RAYO INC

DO NOT WRITE IN THIS SPACE

04-26-2007 90435 001 *****8.75
04-26-2007 90435 002 ***150.00

66011112

2. Principal Place of Business

1825 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 425

City & State

CORAL GABLES FL

Zip

33134

Country

USA

3. Mailing Address

THE SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

ISMAEL R. RAYO

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
PRESIDENT	ISMAEL RAYO	1825 PONCE DE LEON BLVD #425	CORAL GABLES FL 33134

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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:

04-23-07 786-229-9814