## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 27, 2000 8:00 am DOCUMENT # P95000076341 1. Entity Name **Secretary of State** RABUINI ENTERPRISES INC. 01-27-2000 90075 027 \*\*\*150.00 Mailing Address Principal Place of Business 14340 SW 31 STREET 14340 SW 36 ST MIAMI FL 33175-7403 MIAMI FL 33175 US HS 2. Principal Place of Business 14340 SW 36th. Street 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For Mit & State ( FL 33175 4. FEI Number City & State 65-0617052 Not Applicable \$8.75 Additional Country 33175 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RABUINI, GLADYS T. Street Address (P.O. Box Number is Not Acceptable) 14340 SW 36TH ST MIAMI FL 33175 Zip Code FL 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 (NOTE: Registered Agent signature required when rainstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE GLADYS T. RABUINI NAME 14340 SW 36 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete ☐ Change ☐ Addition JUAN CARLOS RABUINI NAME NAME 14340 SW 36 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition ☐ Defete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

CARLOS RABUINI - 01/19/00

305-485-124

Daytime Phone #

☐ Change

☐ Addition

CR2E034 (9/99