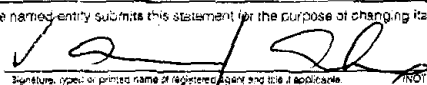
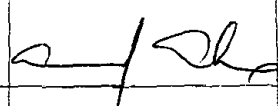
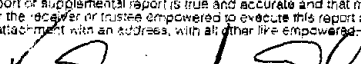


APPROVED
(AND
FILED

01 DEC 28 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097765			
1. Entity Name RAFAEL J. Piniella, Inc.			
Principal Place of Business 13032 SW 133rd Court Miami, FL 33186		Mailing Address	
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 05-0648793		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMANDO ALONSO 13032 SW 133rd Court Miami, FL 33186		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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.			
SIGNATURE 		DATE	
Signature, typed or printed name of registered agent and state if applicable		NOTE: Registered Agent signature required when (circumstances)	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☐ Delete		☐ Change ☐ Addition	
TITLE PD NAME ARMANDO ALONSO STREET ADDRESS 13032 SW 133rd Court CITY-STATE-ZIP MIAMI, FL 33186		TITLE  NAME STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE VP, D NAME ANTONIO J. ALONSO STREET ADDRESS 13032 SW 133rd Ct CITY-STATE-ZIP MIAMI, FL 33186		TITLE 000004749690-6 -01/04/02-01006-009 *****60000 *****61.25 *****60000 *****61.25 300.00	
☐ Delete		☐ Change ☐ Addition	
TITLE SD NAME IGNACIO ALONSO STREET ADDRESS 13032 SW 133rd Court CITY-STATE-ZIP MIAMI, FL 33186		TITLE STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE TD NAME ANTONIO H. ALONSO STREET ADDRESS 13032 SW 133rd Court CITY-STATE-ZIP MIAMI, FL 33186		TITLE STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE STREET ADDRESS CITY-STATE-ZIP		TITLE STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE STREET ADDRESS CITY-STATE-ZIP		TITLE STREET ADDRESS CITY-STATE-ZIP	
☐ Delete		☐ Change ☐ Addition	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 decedent 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 life empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

RAFAEL J. PINIELLA, INC.
DOC.#P95000097765

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY
UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE. PLEASE TAKE THIS
LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT
STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS
MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS
LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED
IN THE ANNUAL REPORT .

CORDIALLY
ARMANDO ALONSO
PRESIDENT

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101
(Address)

CORAL GABLES, FL 33134 305-444-4994
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Rafael J. Piniella, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☒	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA