

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90101 037 ***150.00

DOCUMENT # *P96 00000 9794*

1. Entity Name

RAF. Q. INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1016 Sweetbrook way

3. Mailing Address

1016 Sweetbrook way

Suite, Apt. #, etc.

Orlando - Florida

Suite, Apt. #, etc.

Orlando - Florida

City & State

City & State

DO NOT WRITE IN THIS SPACE

32828

Country

USA

32828

Country

USA

4. FEI Number

65-063-5147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FABIAN QUEIROZ

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

1016 SWEETBROOK WAY

ORLANDO

City

FL

Zip Code

32828

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

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *PRESIDENT*
NAME *FABIAN N. QUEIROZ*
STREET ADDRESS *1016 SWEETBROOK WAY*
CITY-ST-ZIP *ORLANDO - FL - 32828*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *VICE-PRESIDENT*
NAME *MARCIA C. QUEIROZ*
STREET ADDRESS *1016 SWEETBROOK WAY*
CITY-ST-ZIP *Orlando - FL - 32828*

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IN THIS SPACE**

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

SIGNATURE:

MARCIA C. QUEIROZ

03/25/03(401) 273-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)