

2001 UNIFORM BUSINESS REPORT (UBR)

4/2:

FILED
May 23, 2001 8:00 am
Secretary of State

04-28-2001 90075 010 ***150.00

DOCUMENT # P97000040316

1. Entity Name
RAFFI'S CORP.

Principal Place of Business 1506 COLLINS AVENUE SOUTH BEACH FL 33139	Mailing Address 1506 COLLINS AVENUE SOUTH BEACH FL 33139
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number **65-0803062** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, RAFAEL A
10830 SW 136 STREET
MIAMI FL 33176

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 *Rafael A Garcia PSD + S* DATE **4-18-01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	GARCIA, RAFAEL A	
STREET ADDRESS	10830 SW 136 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, RAFAEL A	
STREET ADDRESS	10830 SW 136 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 information.

SIGNATURE: *Rafael A Garcia* **5-16-01** **4-18-01** **(305) 672-1808**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

RAFAEL A. GARCIA

CR2E084 (10/00)