	UNIFORM BUSI	NESS REPO	RT. (UB	R)				
DOCUMENT # P9700063361								
RADIS INVESTMENT GROUP, INC.					FILED			
Principal Place of Business Mailing Address					00 AUG -4 AM 9:32			
2103 Sycamore Cane East. P.O. BOX 3299 Plant City #L 33566. Plant City					SEGRETARY OF STATE TAKEAHASSEE FLORIDA			
			3356	6.	MLE	AUWOOCE LE	AUINC	
2. Principal Place of Business 2103 Sycamore Cane East P.O. BOX 37					· · · · · · · · · · · · · · · · · · ·		- I	MA
Suite, Apt		Suite, Apt. #, etc.	•		REINSTA	TEMEN	S PACE	似人
City & Sta	t Lity +C	City & State Plant Cit	, , FO	-	4. FEI Number 6 5- 07	79094		oplied For of Applicable
3350	66 Country S.A	^{Zip} 33566	U. S.		5. Certificate of Statu		\$8.75 Add Fee Require	
	6. Name and Address of Current R	egistered Agent	Namo		7. Name and Addres		d Agent	
Chapt Address (IZ GARUA O. Box Number is Not		<u>edo</u>	
	Sycamore Cone		<u> </u>					
Plant	City FL 3	33566 <u>.</u>	210 City 6	7/2	t C +	: Lane F		
8. The above	e named entity submits this statement for t	he purpose of changing its	egistered office o	r reaistered	d agent, or both, in the		<u> </u>	166
	TAM	0 - 0-			3	41'07		
SIGNATURE	Signature, typed of the state of agent and	RICARDO ORTI i utle if applicable (NOTE	Registered Agent signat	ture required w	nen reinstaling)	DATE	<u>00</u>	
	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After MAY 1, 200	l FEE IS \$150. I0 Fee will be \$	to the safe of the state of	ACRES CAR	mpaign Financing		0 May Be
	ria on back)	Make Check Payabl	e to Departmen	11/2 200	, , , , , , , , , , , , , , , , , , , ,	Contribution:		
11	OFFICERS AND DI		12.	PD	ADDITIONS/CHANG	ES TO OFFICERS AN		
title Name	RICARDO, ORTIZ-GARI 2103 SYCAMORE LA	□ Delete	TITLE NAME	RICAT	RDO, ORTIZ	GARCIA.	Change	☐ Addition
STREET ADDRESS				2103	SYCAMORE	LANE E	457	
CITY-ST-ZIP	PLANT CITY FL	33566	CITY-ST-ZIP	PLAN	T CITY	, FL 33		Addition
NAME		Delete	TITLE NAME	1	9**** 9**** <u>9</u> *****	** **** **** **** **** ****	Change	Addition
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TITLE NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					KE
13. I hereby (I	is filing does not qualify for t	he exemption stat	ted in Secti	ion 119.07(3)(i), Florida	Statutes, i further c	ertify that the in	formation
indicated	on this report or supplemental report is triporation or the receiver or trustee enjoow, or on an attachment with an address	ue and accurate and that my	/ signature shall h	ave the sai	me legal effect as if ma	ide under oath; that I	l am an officer i	or director
SIGNAT	STATE OF THE STATE	*				27-00 81		
J. J. 17.1	SIGNATURE AND THE SOR WILL	RICARDO TED NAME OF SIGNING OFFICER OF	R DIRECTOR	15-614	Date	-1.00.01	Daytime Phone #	