## FOR PROFIT CORPORATION

## **FILED** May 01, 2002 8:00 am Secretary of State

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9700063361					05-01-2002 91511 001 ***158.75	
RADIS	S INVESTMENT	GROUP,	INC.			
DO NOT WRITE IN THIS SPACE					642658	
2. Principal P 2103 Sy Suite, Apt.	camore Lane East #, etc.	3. Mailing Address 2103 Sycamor Suite, Apt. #, etc.	e Lone 1	East	DO NOT WRITE IN THIS SPACE	
Plant	City, Florida	Plant City	Flori	<b>t</b> 1	FEI Number 65-0779094 Applied For Not Applicate	ole
33566	Country U.S.A.	33566	Country D. 5	A 5.	Certificate of Status Desired \$8.75 Additional Fee Required	
<del></del>		1		7. Na	ame and Address of Current Registered Agent	
	DO 1107 140	D.T.	Name (	ORTIZ	-GARCIA RICARDO	
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)			
	IN THIS SP	ACE	2103	3 51	ICAMORE LANE EAST	
		٠	City P	LANT	CITY FL Zip Code 33566	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered ag	<del></del>	$\neg$
	ا محمد خوان	# -				ı
SIGNATURE .	Signature, typed or printed name of registered agent at	ind title if applicable. (NOTE: F	Registered Agent signatu	re required when n	einstating) DATE	
Tax filing a	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, Amended	y 1 Fee is \$150 , Fee is \$550.00 UBR is \$61.25		10. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees	,
Tax filing ( (See criter	requirement and elects to do so. ria on back)	After May 1, Amended Make Check Payable	, Fee is \$550.00 UBR is \$61.25			•
Tax filing a (See crite)	requirement and elects to do so. ria on back)  OFFICERS AND D	After May 1, Amended Make Check Payable DIRECTORS	, Fee is \$550.00 UBR is \$61.25			, 
Tax filing a (See crite)	requirement and elects to do so. ria on back)  OFFICERS AND D	After May 1, Amended Make Check Payable DIRECTORS	Fee is \$550.00 UBR is \$61.25 to Department THLE NAME			
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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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other keeping and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other keeping and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RICARDO ORTIZ-GARCIA