

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2004 8:00 am
Secretary of State

0446158 AV

DOCUMENT # P97000063361

1. Entity Name
RADIS INVESTMENT GROUP, INC.



08-10-2004 90001 009 ***558.75

Principal Place of Business
**2103 SYCAMORE LANE EAST
PLANT CITY FL 33566**

Mailing Address
**2103 SYCAMORE LANE EAST
PLANT CITY FL 33566**



2. Principal Place of Business
2103 Sycamore Lane
Suite, Apt. #, etc.

3. Mailing Address
2103 Sycamore Lane
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Plant City, Florida
Zip
33563
Country
U.S.A.

City & State
Plant City, Florida
Zip
33563
Country
U.S.A.

4. FEI Number **65-0779094**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTIZ-GARCIA, RICARDO
2103 SYCAMORE LANE EAST
PLANT CITY FL 33566**

7. Name and Address of New Registered Agent

Name **ORTIZ-GARCIA, RICARDO**
Street Address (P.O. Box Number is Not Acceptable)
2103 Sycamore Lane
City **Plant City** **FL** Zip Code **33563**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD**
NAME **ORTIZ-GARCIA, RICARDO**
STREET ADDRESS **2103 SYCAMORE LANE EAST**
CITY-ST-ZIP **PLANT CITY FL 33566**

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

☐ Change ☐ Addition

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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 Block 11 if changed, or on an attachment with an address with an officer like empowered.

SIGNATURE: SIGNATURE REQUIRED RICARDO ORTIZ GARCIA. 8/01/2004 813-752-0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT.

CR2E034 (10/02)