

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90033 023 ***150.00

DOCUMENT # **P97000082023**

1. Entry Name

RAE BAR INVESTMENTS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

162 S.E. Walters Ter

Suite, Apt. #, etc.

3. Mailing Address

162 S.E. Walters Ter

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port St Lucie

Zip

F1

Country

34984

City & State

Port St Lucie

Zip

F1

Country

34984

4. FEI Number

65-0758905

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Perry Barbara**

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

162 S.E. Walters Ter

City **Port St Lucie**

FL

Zip Code

34984

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 **Barbara Perry**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02

DATE

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

☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. **PRESIDENT OFFICERS AND DIRECTORS**

TITLE **Perry Pamela R**
NAME **162 S.E. Walters Ter**
STREET ADDRESS **Port St Lucie**
CITY-STATE-ZIP **FL 34984**

TITLE

NAME

STREET ADDRESS

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IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE **Pamela R Perry Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 561-871-2783

Date

Daytime Phone #