CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 25, 2002 8:00 am § Secretary of State P98000003223 DOCUMENT # 1. Entity Name 06-25-2002 90438 040 ***558.75 RAS ENGINEERS AND CONSULTANTS, INC. Principal Place of Business Mailing Address 4141 N. MIAMI AVE. SUITE 202 MIAMI FL 33127 2. Principal Place of Business Mailing Address POLK ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE HOLLY WOOD City & State 4. FEI Number Applied For 52-2072576 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINANCIAL FOUNDATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 2843 THAXTON DR, STE 37 PALM HARBOR FL 34684 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition SCHWERDT, RAUL A NAME NAME STREET ADDRESS 1346 POLK ST STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

mation supplied win this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information up lemental 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 piver or trustee entrowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the info indicated on this report or s of the corporation or the rechanged, or on an attachr

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP,

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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR