

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91065 001 *****8.75
 05-03-2001 91065 002 ***155.00

DOCUMENT # P98000022884

1. Entity Name
FLORIDA RAGS, CO.

Principal Place of Business
**3250 NW 60TH ST
 WAREHOUSE B
 MIAMI FL 33166**

Mailing Address
**3250 NW 60TH ST
 WAREHOUSE B
 MIAMI FL 33166**

2. Principal Place of Business
3250 NW 60th ST

3. Mailing Address
3250 NW 60th ST

Suite, Apt. #, etc.
Warehouse B

City & State
Miami, FL

Zip
33142

Country
USA

4. FEI Number **65-0827270** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEGBRE, RICHARDO A
3250 NW 60TH ST, WAREHOUSE B
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **SEGBRE, RICARDO A**

Street Address (P.O. Box Number is Not Acceptable)
3250 NW 60th ST

Warehouse B

City **Miami** FL Zip Code **33142**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	SEGBRE, RICARDO A
STREET ADDRESS	3250 NW 60TH ST WAREHOUSE B
CITY-ST-ZIP	MIAMI FL 33142
TITLE	V <input type="checkbox"/> Delete
NAME	SEGBRE, PATRICIA
STREET ADDRESS	3250 NW 60TH ST WAREHOUSE B
CITY-ST-ZIP	MIAMI FL 33142
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: *Richard A. Seebre* **4-20-01** **305-634-1377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)