

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02/27/03 AV

**DOCUMENT # P98000022884**



1. Entity Name  
**FLORIDA RAGS, CO.**

02-27-2003 90122 048 \*\*\*155.00

Principal Place of Business  
**3250 NW 60TH ST  
WAREHOUSE B  
MIAMI FL 33142**

Mailing Address  
**3250 NW 60TH ST  
WAREHOUSE B  
MIAMI FL 33142**



2. Principal Place of Business  
**5761 NW 37th Ave**

3. Mailing Address  
**5761 NW 37th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number **65-0827270**

Applied For  
 Not Applicable

Zip  
**33142**

Country  
**USA**

Zip  
**33142**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEGBRE, RICARDO A  
3250 NW 60TH ST, WAREHOUSE B  
MIAMI FL 33142**

Name  
**Ricardo A. Segebre**

Street Address (P.O. Box Number is Not Acceptable)  
**5761 NW 37th Ave**

City **Miami** State **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. I am familiar with, and accept the obligations of registered agent **Ricardo A. Segebre**

SIGNATURE

DATE **Jan 15th, 2003**

Signature (typed or printed name of registered agent and date if applicable)

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

| TITLE | NAME               | STREET ADDRESS   | CITY-ST-ZIP     | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|--------------------|------------------|-----------------|--|-----------------------------------|
| P     | Segebre, Ricardo A | 5761 NW 37th Ave | Miami, FL 33142 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
| V     | Segebre, Patricia  | 5761 NW 37th Ave | Miami, FL 33142 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
|       |                    |                  |                 | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                    |                  |                 | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                    |                  |                 | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |                    |                  |                 | <input type="checkbox"/>                   | <input type="checkbox"/>          |

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 all other like empowered.

SIGNATURE: **REQUIRE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-634-1377

Jan 15th, 2003

Date Daytime Phone #

CR2E034 (10/02)