

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90226 040 ***150.00

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DOCUMENT # P98000032380

1. Entity Name
RAGS TO RICHES ENTERPRISES, INC.



Principal Place of Business
**6171 SW 110TH AVENUE
MIAMI FL 33173**

Mailing Address
**6171 SW 110TH AVENUE
MIAMI FL 33173**

11016261



2. Principal Place of Business

3. Mailing Address

970 WEST 49 STREET 970 WEST 49 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, Florida

City & State
MIAMI, Florida

4. FEI Number
65-0828546

Applied For
Not Applicable

Zip
33012

Country
DADE

Zip
33012

Country
DADE

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

**GARCIA, CARLOS E CPA
11430 N KENDALL DRIVE SUITE 225
MIAMI FL 33176**

Name
GARCIA, CARLOS E. CPA

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

4995 N.W. 72 AVE # 206

City
MIAMI

FL Zip Code
33166

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

Signature, typed or printed name of registered agent and title 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
**PSTD
ASENCIO, GUAROA
6171 SW 110TH AVENUE
MIAMI FL 33173** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED GUAROA ASENCIO 4/23/03 305-2317171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)