2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P98000067238** 1. Entity Name RAJOY INTERNATIONAL, INC. 4-27-2001 90300 003 ***150.00 Principal Place of Business Mailing Address 300 ARAGON AVENUE 300 ARAGON AVENUE SUITE 300 SUITE 300 645548 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0857604 Not Applicable Zip. 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 * RAJOY, LILLIAM Street Address (P.O. Box Number is Not Acceptable) 300 ARAGON AVENUE SUITE 300 CORAL GABLES FL 33134 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 grinted name of registered agent and title if applicable DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSD** TITLE ☐ Delete TITLE Addition RAJOY, LILLIAM NAME NAME 300 ARAGON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP VTD ☐ Delete TITLE Addition TITLE ☐ Change RAJOY, JOSE NAME NAME 300 ARAGON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete रामा ह Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 \$07, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with ar with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR