

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000021560**

1. Entity Name

RAFE, INC.**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90012 015 ***150.00

Principal Place of Business

**100 WALLACE AVE
STE 260
SARASOTA FL 34237**

Mailing Address

**100 WALLACE AVE
STE 260
SARASOTA FL 34237****643536**

2. Principal Place of Business

2812 Indianwood Dr.

Suite, Apt. #, etc.

3. Mailing Address

2812 Indianwood Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL.

City & State

Sarasota, FL.4. FEI Number **65-0903641**

Applied For

Not Applicable

Zip

Country

34232

Zip

Country

342325. 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

**FELICIANO, RAYMOND K
100 WALLACE AVE, STE 260
SARASOTA FL 34237**

Name

Raymond K. Feliciano

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

2812 Indianwood Dr.

City

Sarasota

FL

Zip Code

34232

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRA FELICIANO, RAYMOND K 1804 BRIAR CREEK PLACE SARASOTA FL 34235			

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-01

Daytime Phone #

(941) 378-0363

CR2E034 (10/00)