2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038110

1. Entity Name

RAY BRAUN CO.

Principal Place of Business	Mailing Address
1220 NORTH MARKET STREET SUITE 606 WILMINGTON DE 19801	1220 NORTH MARKET STREET SUITE 606 WILMINGTON DE 19801-2598

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number — *Not applicable* — ☒ Not Applicable / Applied For

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
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL 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 _____ 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, 2000 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 **DIRECTOR** NAME **KADACHIGOV VALERY** STREET ADDRESS **1220 NORTH MARKET STREET SUITE 606** CITY-ST-ZIP **WILMINGTON DE 19801-2598**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR:E034 9/99

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: _X aa_____ REQUIRED 04/21/2000 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

A★i
American Incorporators LTD

June 28, 2000

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: Annual Reports

Dear Sir/Madam:

Enclosed please find the 2000 Annual Reports for five (5) Florida corporations. Please file these reports immediately as they were initially prepared correctly and there was no reason to reject them. The annual report filing fees for each company has already been paid. **NO LATE FEES SHOULD BE ASSESSED PER A VERBAL CONFIRMATION FROM YOUR OFFICE ON JUNE 22, 2000.**

Pursuant to verbal instructions from your office on June 22, 2000, we have handwritten "Not Applicable" in Box 4 of the reports. We fail to understand why this was necessary as the box titled "Not Applicable" in Box 4 was clearly marked by the client.

Please send confirmation of the filing of all five reports to my attention at the above address. Our client is extremely upset and requires confirmation that all is in order with the filing of these reports.

Thank you for your prompt attention to this request.

Sincerely yours,

Sid Garnett
Vice President

Enclosures