

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Aug 02, 2000 8:00 am
Secretary of State

05-16-2000 90030 032 ***150.00

DOCUMENT # P99000043202

1. Entity Name

RAOUF, INC.

Principal Place of Business

780 N.W. LEJEUNE ROAD
 SUITE 423
 MIAMI FL 33128

Mailing Address

780 N.W. LEJEUNE ROAD
 SUITE 423
 MIAMI FL 33128

NEW ADD
 901 E 10 AVE
 HIALEAH FL
 33010.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65 093 620

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARRERA, JUAN M ESQ.
 780 N.W. LEJEUNE ROAD
 SUITE 423
 MIAMI FL 33128

MARTHA BORRERO
 3500 SW 88th St
 MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

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

901 E 10th Ave #14

City

Hialeah FL

FL

Zip Code

33010

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 reappointing)

DATE

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARTHA BORRERO 3500 SW 88th St MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOSE KIRKMAN 3329 POKERFLAT RD HIALEAH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 filers empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Daytime Phone #

JOSE KIRKMAN - PRES

CR2E034 (9/99)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 23, 2000

MEDIA KIT ONLINE INC.
6271 TAMiami CANAL ROAD
MIAMI, FL 33126

Subject: **MEDIA KIT ONLINE INC.**

Reference Number: **P99000053202**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

~~If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.~~

/lm

ANNUAL REPORTS SECTION

Attachment

P99000043202

107067

We are returning this. It is an obvious mix-up with another corporation.