

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059638

1. Entity Name

RAGAZZA STILE CORP.

Principal Place of Business

Mailing Address

10440 S.W. 115 ST.
MIAMI, FL. 33176

1005 S.W. 87TH AVE.
MIAMI, FL. 33174

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

65-0933514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

XIMENA L. BARAYON
10440 S.W. 115 ST.
MIAMI, FL. 33176

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P XIMENA L. BARAYON 10440 S.W. 115 ST. MIAMI, FL. 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JULIA M. HERDOCIA 10440 S.W. 115 ST. MIAMI, FL. 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PABLO DEL VALLE 10440 S.W. 115 ST. MIAMI, FL. 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARLOS M. HERDOCIA 10440 S.W. 115 ST. MIAMI, FL. 33176	<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"/> Change <input type="checkbox"/> Addition 800003429918--2 -10/19/00--01075--005 *****150.00 *****150.00
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

Handwritten signature

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: *Handwritten signature* **CARLOS M HERDOCIA-TREASURER 10/4/00 305-266-0575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCTOBER 4, 2000

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: RAGAZZA STILE CORP.
DOC. # P99000059638 -


DEAR SIRs:

AS PER AN OFFICER INSTRUCTIONS, ATTACHED YOU WILL FIND THE
CHECK FOR THE AMOUNT OF \$150.00 TO REINSTATE THE CORPORATION
RAGAZZA STILE CORP.

I CALLED THE DEPARTMENT OF STATE AND I TALKED TO AN OFFICER
AND I EXPLAINED THAT THE 2000 UBR WAS NOT RECEIVED NEITHER
THE FIRST NOTICE NOR THE SECOND NOTICE, THE OFFICER TOLD ME
TO WRITE A LETTER TO LET THEM KNOW WHAT WAS THE PROBLEM.

PLEASE LET ME KNOW IF YOU NEED ANY ADDITIONAL INFORMATION,
AND THANK YOU IN ADVANCE FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY,


CARLOS M. HERDOCIA,
TREASURER
RAGAZZA STILE CORP..
1005 S.W. 87TH AVE.
MIAMI, FL. 33174

ENC.