## 2001 UNIFORM BUSINESS REPORT (UBR)

SMONATURE:

Jun 29, 2001 8:00 am Secretary of State DOCUMENT # P9900096173 1. Entity Name RAG AUCTION.COM, INC. 04-30-2001 90451 043 \*\*\*150.00 ٠ Principal Place of Business Mailing Address IOIA NORTHWEST 20TH AVENUE 101A NORTHWEST 20TH AVENUE FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 pal Place of Business oral F Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0958921 Not Applicable cuntry \$8.75 Additional 5. Certificate of Status Desireo Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL-& UTRERA-P.A-Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 Fiorida. SIGNATURE 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 FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Acdition STERRANTINO, CHARLES NAME · 5944 Cottle Ridge DR. #101 STREET ADDRESS STREET ADDRESS cosal springs, FL 33076 CITY-SI-712 CITY-ST-78P TITLE Delete TITL S ☐ Change Addition SALM, CLIFFORD M MAME NAME 5944 Coral Ridge DR#101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ★ Acdition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY+S1-ZIP CITY-ST-ZP TITLS ☐ Delete TITLE ☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-\$1-7IP CITY-ST-7iP TITLE ☐ Delate TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 path; 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.

4/30

FILED

OHOCHMENT DOC# 7990000910173 To whom it may concer:

Mease note new addation, BARBARA

Werssman, Secretary ('5'). - Unfortuitely.

CPA omitted the 'S" open filing.