

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S16765

1. Entity Name

INVERSIONES RAIGU CORP.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90465 047 \*\*\*158.75

Principal Place of Business

Mailing Address

555 S POMPANO PKWY  
TWO SOUTH BISCAYNE BLVD #3400  
POMPANO BEACH FL 33069  
US

C/O GUNSTER YOAKLEY VALDES & STEWART  
TWO SOUTH BISCAYNE BLVD #3400  
MIAMI FL 33131-1802

2. Principal Place of Business

P.M.B. 325

3. Mailing Address

c/o RJVF Corporate Services, Inc.

Suite, Apt. #, etc.

1291-A So. Powerline Road

Suite, Apt. #, etc.

Steel, Hector & Davis

City & State

Pompano Beach, FL

City & State

200 So. Biscayne Blvd., Ste. 4000

4. FEI Number

65-0263784

Applied For

Not Applicable

Zip

33069

Country

U.S.A.

Zip

Miami, FL 33131

Country

U.S.A.

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

VALDES-FAULI CORPORATE SERVICES INC.  
2 S BISCAYNE BLVD #3400  
MIAMI FL 33131

Name

RJVF CORPORATE SERVICES, INC.

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

c/o Steel, Hector & Davis

200 So. Biscayne Boulevard, Suite 4000

City  
Miami

FL

Zip Code  
33131

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.

RJVF CORPORATE SERVICES, INC.

SIGNATURE By:

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

Raul J. Valdes-Fauli, President.

(NOTE: Registered Agent signature required when reinstating)

04/17/00

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  
DP  
GARBATI, MARIA C  
2 S BISCAYNE BLVD. #3400  
MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BRICKETTO, JOE  
2 S BISCAYNE BLVD, #3400  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
LESSEUR, GUILLERMO  
2 S. BISCAYNE BLVD, #3400  
MIAMI FL 33131 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 like empowered.

SIGNATURE:

*Maria Clara Garbati*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Clara Garbati, Pres.

Date

03/16/00

Daytime Phone #