

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S16765

1. Entity Name

INVERSIONES RAIGU CORP.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90151 018 \*\*\*150.00

Principal Place of Business  
PMB 325  
1291-A S. Powerline Road  
Pompano Beach Fl 33069 US

Mailing Address  
c/o RJVF Corporate Services, I  
200 S.Biscayne Blvd., Ste#4400  
Miami, Fl 33131

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
200 S. Biscayne Blvd.  
Suite # 4100

City & State  
Miami, Fl

4. FEI Number  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country Zip Country  
33131 Miami-Dade

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RJVF Corporate Services, Inc.  
c/o Steel Hector & Davis  
200 S. Biscayne Blvd., Ste 4400  
Miami, Fl 33131

7. Name and Address of New Registered Agent

Name  
RJVF Corporate Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
200 S. Biscayne Blvd.  
Suite # 4100  
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.

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, 2001 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	DP Garbati, Maria C. 2 S. Biscayne Blvd. #3400 Miami, Fl 33131	<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
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	DP Garbati, Maria C. 200 S. Biscayne Blvd., Suite #4100 Miami, Fl 33131	<input checked="" 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01