30-266-3919

Date /

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # \$32426 1. Entity Name RAISA CONSTRUCTION CORP.					Jan 31, 2002 8:00 am Secretary of State 01-31-2002 90022 040 ***150.00			
Principal Place of Business 2213 S.W. 58TH COURT MIAMI FL 33155		Mailing Address 2213 S.W. 58TH COURT MIAM! FL 33155						
Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			65-0239372		oplied For— - ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Reg	gistered Agent		
			Name	RAIN	FERNANdez			
RAMIREZ 2213 S.W	Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL			2213		1.58C+			
			City MIAY		7	FL ZaS	°55	
Tax filing requirement and elects to do so. After May 1, 20			!! FEE IS \$150.00 02 Fee will be \$550.00 ble to Department of State		10. Election Campaign Finar Trust Fund Contribution.	☐ Added	May Be d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMIREZ, ROBERTO 2213 S.W. 58TH COURT MIAMI FL 33155	Delete	TITLE= NAME STREET ADDRESS CITY-ST-ZIP	Pres RAUL 2213 MIA	V.P. FERNANDEZ S.W. 58C+ MI, FLA. 331	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RAMIREZ, ROBERTO 2213 S.W. 58TH COURT MIAMI FL 33155	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ROBEI 2213 MIAI	TRAMIREZ S.W.58C+ MI, FLA. 335	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 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	to a communication of the second	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		- ☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that in owered to execute this report	my signature shall ha t as required by Chaj	ive the same	legal effect as if made under oa	th; that I am an officer	or director	