FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2004 8:00 am
Secretary of State
07-06-2004 90009 048 ***150.00

DOCUMENT # S65887

1. Entity Name

THE RAUL PUIG GROUP, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9200 S Dadeland Blvd.	9200 S Dadeland Blvd.
Suite, Apt. #, etc. Suite 710	Suite, Apt. #, etc. Suite 710
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33156 Country USA	Zip 33156 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0398664 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name PUIG, RAUL A.

Street Address (P.O. Box Number is Not Acceptable) 9200 S Dadeland Blvd.

Suite 710

City Miami **FL** Zip Code 33156

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 _____ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSTD PUIG, RAUL A. 9200 S. Dadeland Blvd., #710 Miami, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 07/01/04 305-6709858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PLEASE NOTE: WE NEVER RECEIVE THE ORIGINAL FORM, PLEASE WE WANT THE $400.00 TO BE WAIVED
Thank You