

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90465 030 ***150.00

DOCUMENT # V57812

1. Entity Name
RAYLAUR ENTERPRISES, INC.

Principal Place of Business **Mailing Address**
 5722 S. FLAMINGO ROAD 5722 S. FLAMINGO ROAD
 SUITE 333 SUITE 333
 FORT LAUDERDALE FL 33330 FORT LAUDERDALE FL 33330-3206
 US

2. Principal Place of Business **3. Mailing Address**
 5722 S. FLAMINGO ROAD 5722 S. FLAMINGO ROAD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #333 #333
 City & State City & State
 FORT LAUDERDALE FL FORT LAUDERDALE, FL
 Zip Zip
 33330 33330
 Country Country
 US US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0352520** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SHEARER, MICHAEL
 5722 S. FLAMINGO ROAD
 SUITE 333
 FORT LAUDERDALE FL 33330

7. Name and Address of New Registered Agent
 Name Shearer, Michael
 Street Address (P.O. Box Number is Not Acceptable) 5722 S. FLAMINGO ROAD
 #333
 City FORT LAUDERDALE FL Zip Code 33330

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 *Michael Shearer* Michael Shearer 4/27/00
 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	SHEARER, MICHAEL
STREET ADDRESS	5722 S. FLAMINGO ROAD, SUITE 333
CITY-ST-ZIP	PLANTATION FL 33330
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(l), 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: *Michael Shearer* 4/27/00 954-382-0945
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)