

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90245 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F 80699**
 1. Entity Name **R.A.C. Equities, Inc.**

80128838

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 106 Hancock Bridge Parkway Suite, Apt. #, etc. Unit D15-543 City & State Cape Coral FL Zip 33991 Country US		3. Mailing Address 106 Hancock Bridge Parkway Suite, Apt. #, etc. Unit D15-543 City & State Cape Coral Florida Zip 33991 Country US	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0121384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **CT Corporation**
 Street Address (P.O. Box Number is Not Acceptable) **1200 S. Pine Island Road**
 City **Plantation** **FL** Zip Code **33324**

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 _____ (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) <input type="checkbox"/>	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. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Semiao, J.K. 18100 Upper Bay Road, Suite A Houston, TX 77058	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **Kim Semiao by [Signature], Controller** Date **239-283-3703**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)