## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 30, 2001 8:00 am Secretary of State **DOCÚMENT # 359150** 1. Entity Name INTERNATIONAL PRESS OF MIAMI INC 04-30-2001 90362 009 \*\*\*150.00 Principal Place of Business Mailing Address 7475 NW 7TH STREET 7475 NW 7TH STREET MIAMI FL 33126 MIAMI FL 33126 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1291542 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUHI, JOAQUIN Street Address (P.O. Box Number is Not Acceptable) 9700 SW 77TH ST. **MIAMI FL 33173** City Zip Code F 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition RUHI. CONRAD NAME NAME STREET ADDRESS 10285 SW 93 TERR STREET ADDRESS CITY-ST-71P MIAMI, FL 00000 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition RUHI, JOAQUIN, JR NAME NAME STREET ADDRESS 7891 SW 94 COURT STREET ADDRESS CHY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition RUHI, JOAQUIN NAME NAME STREET ADDRESS 9700 SW 77TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME

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 Block 12 if changed, or on an attachment with a with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

OR SHITED NAME OF SIGNING OFFICER OR DIRECTOR

Joaquin R. Ruhi

4/20/01

(305)261-6086

Daytime Phone #