

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90072 050 ***158.75

DOCUMENT # P93000006468

1. Entity Name

RUIZ OF MIAMI CORP.

Principal Place of Business

Mailing Address

1770 NW 183RD ST
 MIAMI FL 33056
 US

1770 NW 183RD ST
 MIAMI FL 33056-3855
 US

021831



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0520953

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

RUIZ, MANUEL
650 NE 149 ST
SUITE 209-A
N MIAMI FL 33161

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

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PO	RUIZ, MANUEL	650 NE 149 ST #209-A	N MIAMI FL 33161	<input type="checkbox"/>
S	RUIZ, MARIA	650 NE 149 ST #205-F	N MIAMI FL	<input type="checkbox"/>
TD	RUIZ, FRANCISCO	650 NE 149 ST #101-A	N MIAMI FL 33161	<input type="checkbox"/>
SD	RIZ, LOURDES	8821 NW 151ST ST	MIAMI FL 33018	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	RUIZ, MANUEL	650 NE 149th Street, # 209A	N Miami, FL 33161.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	RUIZ, MARIA	650 NE 149th St. # 205F	Miami, FL 33161	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
P/D	RUIZ, LOURDES	8821 NW 151st Street,	Miami, FL 33018	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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 an address, with all other like empowered.

SIGNATURE: *x Manuel Ruiz* Manuel Ruiz Secretary

01/13/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #