

Amended

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 93 00000 6468
1. Entity Name
Ruiz of Miami Corp.

FILED
02 AUG 12 AM 7:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/14/02--01055--017
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1770 NW 183 ST.
Suite, Apt. #, etc.
City & State
Miami FL
Zip
33056
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0520953
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
Rafael Ruiz
Street Address (P.O. Box Number is Not Acceptable)
1770 NW 183 Street
City
Miami FL
Zip Code
33056

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: *Rafael Ruiz* (NOTE: Registered Agent signature required when reinstating)
DATE: 8/8/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
President/Director	Rafael Ruiz	1770 NW 183 ST Miami FL 33056					
Secretary/Director	Antonio Ruiz	1770 NW 183 ST Miami FL 33056					

**DO NOT WRITE
IN THIS SPACE**

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: *Rafael Ruiz*
DATE: 8/8/2002
Daytime Phone #

CREFORM (12/01)