

Amended.
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 21 PM 1:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 -08/23/02--01043--030
 *****61.25 *****61.25

DOCUMENT # P 93 00000 6468

1. Entity Name
 Ruiz of Miami, Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 1770 NW 183 Street
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State, Florida
 Miami, Florida

City & State

4. FEI Number
 65-0520953

Applied For
 Not Applicable

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

Zip 33056 Country USA

DO NOT WRITE IN THIS SPACE

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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 _____ (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)

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	President / Director Rafael Ruiz 1770 NW 183 St Miami, FL 33056	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary / Director Antonio Ruiz 1770 NW 183 St Miami, FL 33056	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Maria Ruiz 1770 NW 183 St Miami, FL 33056	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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)(b), 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 President Date 8/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

of Ruiz