

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90073 040 \*\*\*158.75

**DOCUMENT # P97000076896**

1. Entity Name  
**RUHI INVESTMENT CORPORATION**

Principal Place of Business <b>7475 NW 7TH STREET          1970 MIAMI CENTER 201 S. BISCAYNE BLVD.          MIAMI FL 33126          US</b>	Mailing Address <b>7475 NW 7TH STREET  <del>1970 MIAMI CENTER 201 S. BISCAYNE BLVD.</del>          MIAMI FL 33126-2906          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0790590</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**BORGOGNONI, GREGORY P  
 1970 MIAMI CENTER  
 201 SOUTH BISCAYNE BOULEVARD  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b>
Zip Code

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)

**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	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>RUHI, CONRAD</b>	
STREET ADDRESS <b>10285 SW 93 TERRACE</b>	
CITY-ST-ZIP <b>MIAMI FL 33176</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>RUHI, JR J</b>	
STREET ADDRESS <b>7891 SW 94 COURT</b>	
CITY-ST-ZIP <b>MIAMI FL 33173</b>	
TITLE <b>ST</b>	<input type="checkbox"/> Delete
NAME <b>RUHI, JOAQUIN R</b>	
STREET ADDRESS <b>9700 SW 77 STREET</b>	
CITY-ST-ZIP <b>MIAMI FL 33173</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **CONRAD RUHI** Date: **13 MAR 2000** Phone #: **(305) 261-6086**

CR2E034 (9/99)