

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90136 013 ***150.00

DOCUMENT # P99000067578

1. Entity Name
RUBI TOOLS USA, INC.



Principal Place of Business
**3311 N.W. 82ND AVENUE
MIAMI FL 33122**

Mailing Address
**3311 N.W. 82ND AVENUE
MIAMI FL 33122**

60013238



2. Principal Place of Business
9900 NW 21 Street

3. Mailing Address
9900 NW 21 Street

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **65-0940290**

Applied For
Not Applicable

Zip **33172** Country **Miami-Dade**

Zip **33172** 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

**MARTIN, MIGUEL A
848 BRICKELL AVENUE
SUITE 830
MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **CHM TORRENTS COMAS, JOSEP**
STREET ADDRESS **3311 N.W. 82ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE Change Addition
NAME
STREET ADDRESS **9900 NW 21 Street**
CITY-ST-ZIP **Miami, FL 33172**

TITLE Delete
NAME **D BOADA CATASUS, ROSA M**
STREET ADDRESS **3311 N.W. 82ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE Change Addition
NAME
STREET ADDRESS **9900 NW 21 Street**
CITY-ST-ZIP **Miami, FL 33172**

TITLE Delete
NAME **D BOADA ARAGONES, PERE**
STREET ADDRESS **3311 N.W. 82ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE Change Addition
NAME
STREET ADDRESS **9900 NW 21 Street**
CITY-ST-ZIP **Miami, FL 33172**

TITLE Delete
NAME **D PUEYO FLAQUE, MANUEL**
STREET ADDRESS **3311 N.W. 82ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE Change Addition
NAME
STREET ADDRESS **9900 NW 21 Street**
CITY-ST-ZIP **Miami, FL 33172**

TITLE Delete
NAME **D MUNNE GUSTEMS, JOSEP**
STREET ADDRESS **3311 N.W. 82ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE Change Addition
NAME
STREET ADDRESS **9900 NW 21 Street**
CITY-ST-ZIP **Miami, FL 33172**

TITLE Delete
NAME **D JACOBO, FRANCISCO O**
STREET ADDRESS **3311 NW 82ND AVE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE Change Addition
NAME
STREET ADDRESS **9900 NW 21 Street**
CITY-ST-ZIP **Miami, FL 33172**

12. 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: **SIGNATURE REQUIRED: JACOBO** **Feb 17, 2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)