

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000086654

Entity Name: RUTH BACARDI &COMPANY**Current Principal Place of Business:**1430 S. DIXIE HWY
#314
CORAL GABLES, FL 33146**Current Mailing Address:**1430 S. DIXIE HWY
#314
CORAL GABLES, FL 33146 US**FEI Number:** 46-0677710**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BACARDI, JOAQUIN F
1205 MARIPOSA AVE.
APT. 327
CORAL GABLES, FL 33146 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	BACARDI, RUTH O
Address	1430 S. DIXIE HWY #314
City-State-Zip:	CORAL GABLES FL 33146

Title	S
Name	BACARDI, RUTH O
Address	1430 S. DIXIE HWY #314
City-State-Zip:	CORAL GABLES FL 33146

Title	T
Name	BACARDI, JOAQUIN F
Address	1205 MARIPOSA AVE. APT.327
City-State-Zip:	CORAL GABLES FL 33146

Title	D
Name	BACARDI, RUTH O
Address	1430 S. DIXIE HWY #314
City-State-Zip:	CORAL GABLES FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUTH BACARDI**SECRETARY****04/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date