2001 UNIFORM BUSINESS REPORT (UBR

DOCU 1. Entity Nam	MENT # 486831 RUCK CENTER CORP.	7 7	',	Jan 25, 2 Secreta	ry of Sta	01 8:00 am of State		
		Mailing Address 2479 NW 36 ST MIAMI FL 33142						
2. Principal P	Place of Business	3. Mailing Address						,
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. F	FEI Number 59-1624595		plied For	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current R	egistered Agent	· · · · · · · · · · · · · · · · · · ·	7. N	Name and Address of New Reg	Z \	'	
	. *	 	Name			• -		
1 260	IEZ, RODOVALDO STARLING AVE. 1867 SPRINGS FL 33136	COLLINS AUCH ISLE BEACH, 331		Idress (P.O. B	Box Number is Not Acceptable)	FL Zip Code	e	
SIGNATURE Signature, typed or printed name of registered agent and 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Star		00 50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			!
11.	OFFICERS AND D	PIRECTORS	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	3 IN 11	=
TITLE NAME . STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, RODOVALDO 2479 NW SOTH STREET IFGT/ MIAMIFE SUNNY ISLE D	□ Delete COLLINS AUC # EACH FL. 33/6°	TITLE NAME STREET ADDRESS CITY-ST-ZIP	à è		☐ Change	Addition	E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOMEZ, YRMA C. 2479 NW 36TH STREET-14671 MIAMI FL SUNNY ISLE	□ Delete	TITLE			☐ Change	Addition (CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARRASCO, RENE I 15040 SW 51ST ST MIRAMAR FL	- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 - 1 7 - 2		☐ Change	Addition	° 5~•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOMEZ, RODY 2479 NW 36TH-STREET 126 D MIAMI-FL MIAMI SPA	Delete STARLING AVE NOS FL 33164	TITLE , NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2710	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
13. I hereby of indicated of the cor	certify that the information supplied with to on this report or supplemental report is poration or the receiver or twistee emparation and attackment with	his filing trees not qualify for rugary accurate and that m graph execute this report a	the exemption state y signature shall ha is required by Chap	ed in Section 1 tive the same I oter 607, Florid	119.07(3)(i), Florida Statutes. I fu egal effect as if made under oa da Statutes; and that my name a	urther certify that the in th; that I am an officer appears in Block 11 or	formation or director Block 12 if	

Renc I Cavrasco

SIGNATURE: