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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # F44422** RUBEN REALTY, INC. 04-04-2001 90108 022 \*\*\*150.00 Principal Place of Business Mailing Address 6586 UNIVERSITY BLVD 6586 UNIVERSITY BLVD WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2125767 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name .Feliu, Ruben D Street Address (P.O. Box Number is Not Acceptable) 6586 UNIVERSITY BLVD WINTER PARK FL 32792 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00 ☐ Change ☐ Addition TITLE ☐ Delete TITLE FELIU, RUBEN D NAME NAME STREET ADDRESS STREET ADDRESS 6586 UNIVERSITY BLVD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 00000 ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ... Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

IGNATURE: RUBEN DE FOLIA RUBEN DE FORDING OFFICER OR DIRECTOR DATE DATE DATE DE DESTINATION DE PROPERTOR PROPERTOR DIRECTOR DE DATE DE DESTINATION DE LA COMPANIE DEL COMPANIE DE LA COMPANIE DE LA COMPANIE DEL COMPANIE DE LA COMPANI

changed, or on an attachment with an address, with all other like empowered.