

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

0094378

DOCUMENT # K87154

1. Entity Name

R. AGUILA, CORPORATION

03-13-2001 90072 035 ***150.00

Principal Place of Business

Mailing Address

% RUFINO AGUILA
~~205 EAST 42ND ST.~~
~~MIAMI FL 33013~~

% RUFINO AGUILA
~~205 EAST 42ND ST.~~
~~MIAMI FL 33013~~

9 5 0 1 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18855 N.W. 70 Court

3. Mailing Address

18855 N.W. 70 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida 33015

City & State

Miami Florida

4. FEI Number

65-0117339

Applied For

Not Applicable

Zip

33015

Country

U.S.A.

Zip

33015

Country

U.S.A.

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

AGUILA, LUCILA

~~205 EAST 42ND STREET~~

~~MIAMI FL 33013~~

Name

Street Address (P.O. Box Number is Not Acceptable)

18855 N.W. 70th Court

City

Miami Florida 33015

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☐ Delete
 NAME AGUILA, LUCILA
 STREET ADDRESS ~~205 EAST 42ND ST.~~ 18855 NW 70 Ct
 CITY-ST-ZIP ~~MIAMI FL 33013~~ Miami FL 33015

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME ~~AGUILA, RUFINO~~ AGUILA, RUFINO
 STREET ADDRESS ~~205 EAST 42ND ST.~~ 18855 NW 70 Ct
 CITY-ST-ZIP ~~MIAMI FL 33013~~ Miami FL 33015

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2001 (305) 362-9135

CR2E034 (10/00)