2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90369 014 ***150.00

DOCUMENT # K87154

1. Entity Name

R. AGUILA, CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18855 N.W. 79th Court	3. Mailing Address 18855 N.W. 79th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami Florida 33015	City & State Miami Florida
Zip 33015 / Country U.S.A.	Zip 33015 / Country U.S.A.

4. FEI Number 65-0117339 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

~~AGUILA, LUCILA~~
18855 N.W. 19th Court
Miami Florida 33015

7. Name and Address of Current Registered Agent

Name: AGUILA, RUFINO

Street Address (P.O. Box Number is Not Acceptable): 18855 N.W. 79th Court

City: Miami FL Zip Code 33015

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 3-7-02 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	DPST	TITLE	
NAME	AGUILA, RUFINO	NAME	
STREET ADDRESS	18855 N.W. 79 Ct., Miami F133015	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] RUFINO AGUILA 3-7-02 (305) 362=9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #