

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # L97000000199

1. Entity Name

R.U.J.E. ENTERPRISES L.L.C.

00 APR 18 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O HOLLAND & KNIGHT  
701 BRICKELL AVE., SUITE 3000  
MIAMI FL 33131

Mailing Address

C/O HOLLAND & KNIGHT  
701 BRICKELL AVE., SUITE 3000  
MIAMI FL 33131-2847



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0792030

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

Name

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

City

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
AVILA, RAUL  
37-49 94TH STREET  
JACKSON HEIGHTS NY 10372 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
CASTIEL, JESUS M  
37-49 94TH STREET  
JACKSON HEIGHTS NY 10372 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
200003238762 ☐ Change ☐ Addition  
-05/03/00--01156--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*Raul Avila* 4/15/2000 718-457-3241

CR2E013 (1/99)