

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005991

1. Entity Name
RUOLOS GROUP, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 13 AM 10:02

Principal Place of Business
9200 S. DADELAND BLVD., STE 603
MIAMI FL 33156

Mailing Address
9200 S. DADELAND BLVD., STE 603
MIAMI FL 33156

2. Principal Place of Business
8695 NW 66 ST
Suite, Apt. #, etc.

3. Mailing Address
8695 NW 66 ST.
Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State
MIAMI FL.

Zip
33166

Country
USA

Zip
33166

Country
USA.

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CUEVAS, ANDREW
9200 S. DADELAND BLVD., STE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent
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] (NOTE: Registered Agent signature required when reinstating) DATE 09-11-00

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUOCCO, FRANCISCO L 9200 S. DADELAND BLVD., STE 603 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUOCCO, ANIBAL 9200 S. DADELAND BLVD., STE 603 MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOVIMIENTOS DE TIERR, SAO OBRAS Y 9200 S. DADELAND BLVD., STE 603 MIAMI FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003399407--3 -09/20/00--01062--018 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: FRANCISCO RUOCCO 09-11-00 305 594 2245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CP2E083 (5/00)