

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90179 035 ***150.00

01/14/01 AV

DOCUMENT # P00000006770

1. Entity Name
C. RUIZ TOOL, INC.



Principal Place of Business
**7001 WEST 35TH AVE # 245
HIALEAH FL 33018**

Mailing Address
**7001 WEST 35TH AVE # 245
HIALEAH FL 33018**

2. Principal Place of Business

3. Mailing Address

7931 NW 19TH St.

7931 N.W. 19TH St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami FL

4. FEI Number **65-0981960**

Applied For
Not Applicable

Zip **33015**

Country **Dade**

Zip **33015**

Country **Dade**

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

**RUIZ, CARLOS M.
7001 WEST 35TH AVE # 245
HIALEAH FL 33018**

Name **Carlos M. Ruiz**

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

7931 N.W. 19TH Street

City **Miami**

FL **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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RUIZ, CARLOS M**
STREET ADDRESS **7001 WEST 35TH AVE # 245**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE ☐ Change ☐ Addition
NAME **7931 N.W. 19TH Street**
STREET ADDRESS **Miami, Florida**
CITY-ST-ZIP **33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

(305) 200-1713

Date

Daytime Phone #

CR2E034 (10/02)