

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90009 024 ***150.00

DOCUMENT # P00000009532

1. Entity Name

MARGARITA M. RUIZ, P.A.

Principal Place of Business

Mailing Address

**165 W. JESSUP AVENUE
LONGWOOD FL 32750**

**165 W. JESSUP AVENUE
LONGWOOD FL 32750**

2. Principal Place of Business

370 CENTER POINTE CIRCLE

3. Mailing Address

370 CENTER POINTE CIRCLE

Suite, Apt. #, etc.

SUITE 1154

Suite, Apt. #, etc.

SUITE 1154

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

Zip

32701

Country

USA

4. FEI Number

59-3625192

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUIZ, MARGARITA M
165 W. JESSUP AVENUE
LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

Name **MARGARITA M. RUIZ**

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

1562 WESTOVER LOOP

City **HEATHROW**

FL

Zip Code

32746

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]

MARGARITA M. RUIZ

4/12/01

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	RUIZ, MARGARITA M	
STREET ADDRESS	165 W. JESSUP AVENUE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OWNER/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARITA M. RUIZ	
STREET ADDRESS	1562 WESTOVER LOOP	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

MARGARITA M. RUIZ

4/12/01

407 834-7792

(NOTE: Registered Agent signature required when reinstating)

DATE

Daytime Phone #

CR2E034 (10/00)