

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070240

1. Entity Name

ENVIOS LA GUERA SOLEDAD, INC.

**FILED**  
May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90022 021 \*\*\*150.00

Principal Place of Business

Mailing Address

4819 BUSCH BLVD.  
SUITE 107  
TAMPA FL 33617

4819 BUSCH BLVD.  
SUITE 107  
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

4850 E Busch Blvd.

P.O. Box 116488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg #7

City & State

City & State

Tampa FL

Temple Terrace FL

Zip  
33617

Country  
USA

Zip  
33687

Country  
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUIZ, JORGE  
8720 NORTH CALDER PL.  
TAMPA FL 33604

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RUIZ, JORGE 4819 BUSCH BLVD., #107 TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RUIZ, MELISSIA M 4819 BUSCH BLVD., #107 TAMPA FL 33617	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Ruiz, Jorge 4850 E Busch Blvd, Bldg #7 Tampa FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Ruiz, Melissia M 4850 E Busch Blvd, Bldg #7 Tampa FL 33617	<input checked="" 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

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: Melissia Ruiz Melissia Ruiz

4-15-02 (813) 983-0476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)