

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P000000 74226**

1. Entity Name

Carlos Ruiz, Inc.

FILED

03 OCT 28 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14500 SW 38 STREET

3. Mailing Address

14500 SW 38 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33027

Country

USA

Zip

33027

Country

USA

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carlos Ruiz

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

14500 SW 38 ST

City

MIRAMAR

FL

Zip Code

33027

**DO NOT WRITE
IN THIS SPACE**

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)

10/20/03

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**P/S/T/D
CARLOS RUIZ
14500 SW 38 ST
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
EDITH VEGA
14500 SW 38 ST
MIRAMAR FL 33027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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500024205405

10/28/03--01045--012 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRUIZ

10/20/03

DATE

Daytime Phone #

October 21st, 2003

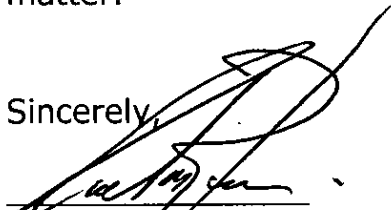
Carlos Ruiz, Inc.
14500 SW 38 Street
Miramar, FL 33027

Division of Corporations
Att: Uniform Business Report Filings
PO BOX 1500
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$150.00 for the corporation annual fee of Carlos Ruiz, Inc, Document # P00000074226. This payment is for the 2003 Uniform Business Report. The reason I did not pay this on time is because we never received the Uniform Business Report. Please correct your records concerning any address discrepancies. Thank you for your time and attention concerning this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carlos Ruiz', is written over a horizontal line.

Carlos Ruiz
President