

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90335 035 ***158.75

DOCUMENT # P00000077569

1. Entity Name

PROFESSOR RUIZ DE VILLA, INC. ✓

DO NOT WRITE IN THIS SPACE

B0101816

2. Principal Place of Business

2968 SW 8 St

Suite, Apt. #, etc.

3. Mailing Address

2968 SW 8 St

Suite, Apt. #, etc.

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number
65-1033364

Applied For

Not Applicable

Zip
33135

Country

Zip
33135

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Ernesto Ruiz de Villa

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

2968 SW 8 Street

City
Miami

FL

Zip Code
33135

**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 consulting)

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
Ernesto Ruiz de Villa
2968 SW 8 St
Miami, Florida 33135

TITLE
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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

Date

Daytime Phone #

4/29/02

(305) 524-4098

CR2E034B (12/01)