

2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)FILED
Jul 02, 2002 8:00 am
Secretary of State

05-27-2002 90447 024 ***150.00

DOCUMENT #

P00000088494

1. Entity Name

RUDSON MANUFACTURING GROUP, CORP.

DO NOT WRITE IN THIS SPACE

96206

2. Principal Place of Business

6385 W 27 Ave

Suite, Apt. #, etc.

Apt. # 24

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, Florida

City & State

4. FEI Number

65-1041943

Applied For

Not Applicable

Zip

33016

Country

Dade

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Ruddy Gascon

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

6385 W 27 Ave

Apt #24

City

Hialeah

FL

Zip Code

33016

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

Ruddy Gascon

6-21-02

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)☐

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 PD
NAME Ruddy Gascon
STREET ADDRESS 6385 W 27 Ave # 24
CITY - ST - ZIP Hialeah, FL 33016TITLE
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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

4-28-02

Date

305-887-3434

Daytime Phone #