

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90096 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000088494



1. Entity Name
RUDSON MANUFACTURING GROUP, CORP.

Principal Place of Business
6385 W 27 AVE
APT # 24
HIALEAH FL 33016

Mailing Address
6385 W 27 AVE
APT # 24
HIALEAH FL 33018

2. Principal Place of Business
169 SE 10 Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 668435
Suite, Apt. #, etc.

City & State
Hialeah, Florida
Zip
33010
Country
Dade

City & State
Miami, Florida
Zip
33166
Country
Dade

4. FEI Number 65-1041943

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASCON, RUDDY
6385 WEST 27TH AVENUE
APT # 24
HIALEAH FL 33016

Name
Ruddy Gascon
Street Address (P.O. Box Number is Not Acceptable)
169 SE 10 Ave
City
Hialeah
FL
Zip Code
33010

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE T. Gascon
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
4/29/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	PD			<input type="checkbox"/>
	GASCON, RUDY	6385 WEST 27TH AVENUE APT 24	HIALEAH FL 33016	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Treasurer	Priscilla M. Gascon	532 EAST DR.	Miami Springs, FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-03 (305) 805-6867

CR2E034 (10/02)