2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90141 012 ***150.00

DOCUMENT # P00000093162

1. Entity Name
RUANO BROKERS INCORPORATED

Principal Place of Business	Mailing Address
1840 WEST 49TH STREET SUITE ~~309~~ 510 HIALEAH FL 33012	1840 WEST 49TH STREET SUITE ~~390~~ 510 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1840 WEST 49TH STREET	1840 WEST 49TH STREET
Suite, Apt. #, etc.: SUITE 510	Suite, Apt. #, etc.: SUITE 510
City & State: HIALEAH, FL.	City & State: HIALEAH, FL
Zip: 33012 Country:	Zip: 33012 Country:

4. FEI Number 65-1044594 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUANO, MARILYN O 1840 WEST 49TH STREET SUITE ~~389~~ 510 HIALEAH FL 33012	Name Street Address (P.O. Box Number is Not Acceptable): 1840 WEST 49TH STREET SUITE 510 City: HIALEAH FL Zip Code: 33012

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	PSD RUANO, MARILYN O 739 N.W. 208TH WAY PEMBROKE PINES FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Ruano Marilyn O. 739 N.W. 208th Way Pembroke Pines FL 33029	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RUANO, ANEL 739 N.W. 208TH WAY PEMBROKE PINES FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D RUANO, ANEL 739 N.W. 208TH WAY PEMBROKE PINES, FL. 33029	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T JOSE A. RUANO 8909 NW 189 TE MIAMI, FL. 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Anel Ruano SIGNATURE REQUIRED 1-25-02 305-828-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)