2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P00000107397 RUBY IMPORT & EXPORT, INC. 04-09-2001 90016 019 ***150.00 Principal Place of Business Mailing Address C/O 782 NW LEJEUNE ROAD C/O 782 NW LEJEUNE ROAD SUITE 548 SUITE 548 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Susiness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUNEZ. AIMEE L ESQ. Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJEUNE ROAD SUITE 548 MIAMI FL 33126 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ■ Addition TITLE Delete TITLE PST Change LOURENCO, RUBEN NAME NAME LOURENCO, Ruben C/O 782 NW LEJEUNE ROAD SUITE 548 STREET ADDRESS c/o 782 NW LeJeune Road, Suite 548 STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33126 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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:

President

H2+2001305) 447-1160