

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000115884

FILED  
May 03, 2002 8:00 AM  
Secretary of State

Entity Name: RUTARIFIC, INC.

**Current Principal Place of Business:**

17640 SOUTHWEST 85TH AVENUE  
MIAMI, FL 33157

**New Principal Place of Business:**

17640 SW 85TH AVENUE  
MIAMI, FL 33157

**Current Mailing Address:**

17640 SOUTHWEST 85TH AVENUE  
MIAMI, FL 33157

**New Mailing Address:**

17640 SW 85TH AVENUE  
MIAMI, FL 33157

FEI Number: 65-1063538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ANDRIS, RUTA  
Address: 17640 SOUTHWEST 85TH AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: STD (X) Delete  
Name: ANDRIS, STEPHEN  
Address: 17640 SOUTHWEST 85TH AVENUE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: ANDRIS, RUTA  
Address: 17640 SW 85TH AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTA ANDRIS

PSTD

05/03/2002

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date