

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000010166**1. Entity Name
RUBY SAILS, INC.**FILED**
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90215 046 ***150.00

0035931
AV

DO NOT WRITE IN THIS SPACE

Principal Place of Business 250 SW 19 RD MIAMI FL 33129		Mailing Address 250 SW 19 RD MIAMI FL 33129	
2. Principal Place of Business 250 SW 19th Rd Suite, Apt. #, etc.		3. Mailing Address 250 SW 19th Rd Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33129		Zip 33129	
Country Dade		Country Dade	
4. FEI Number 65-1097598		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, GEOFFREY K 764 NE 111 ST BISCAYNE PARK FL 33161		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____
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. ☐ **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
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	D HOPPER, SUSAN 250 SW 19 RD MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 19, 2002 - 305-8597735

CR2E034 (4/02)

Attachment

677104

SUSAN HOPPER 250 SW 19 ROAD MIAMI, FLA. 33129

RE: RUBY SAILS #P01000010166 2002 UNIFORM BUSINESS REPORT

TO WHOM IT MAY CONCERN,

8/15/02

NEITHER WE NOR OUR REGISTERED AGENT RECEIVED THE ORIGINAL NOTICE TO FILE OUR REPORT FOR THE MAY DUE DATE. THEREFORE WE ARE ENCLOSING A CHECK IN THE AMOUNT OF \$150. SINCE THIS OUR FIRST FILING WE ARE NOW AWARE THAT THIS IS DUE IN MAY. THANKS FOR YOUR CONSIDERATION IN THIS MATTER.

SUSAN C. HOPPER/PRES.

Susan Hopper