

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90018 007 ***150.00

0215411 AV

DOCUMENT # P01000024733

1. Entity Name
RUDYLAN SERVICES, INC.

Principal Place of Business Mailing Address
3977 SW 10TH STREET 3977 SW 10TH STREET
MIAMI FL 33134 MIAMI FL 33134



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1084540** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, JUAN J
3977 SW 10TH STREET
MIAMI FL 33134

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, JUAN J	
STREET ADDRESS	3977 SW 10TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ISABEL A	
STREET ADDRESS	3977 SW 10TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALVAREZ, JUAN C	
STREET ADDRESS	3977 SW 10TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALVAREZ, SERGIO J	
STREET ADDRESS	3977 SW 10TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 or trustee authorized 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, and all other like empowered.

SIGNATURE: **ALVAREZ-PRES** **01/08/02** **(305) 443-7597**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)