

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90138 048 \*\*\*150.00

0280423 AV

**DOCUMENT # P01000093927**

1. Entity Name  
**KOSSOY & RUETTER, INC.**



Principal Place of Business

**7258 N.W. 70TH STREET  
MIAMI FL 33165**

Mailing Address

**7258 N.W. 70TH STREET  
MIAMI FL 33165**

2. Principal Place of Business

**504 N.E. 190TH STREET**

3. Mailing Address

**504 N.E. 190TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**NORTH MIAMI FL**

City & State  
**NORTH MIAMI FL,**

4. FEI Number  
**65-1140631**

Applied For  
Not Applicable

Zip  
**33179**

Country  
**USA**

Zip  
**33179**

Country  
**USA**

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

**BODIN, GLORIA ROA  
2655 LEJEUNE ROAD, SUITE #1001  
CORAL GABLES 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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PTD**  
STREET ADDRESS **KOSSOY, EDUARDO MANUEL**  
CITY-ST-ZIP **7258 N.W. 70TH STREET  
MIAMI FL 33165**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **504 N.E. 190TH STREET**  
CITY-ST-ZIP **NORTH MIAMI FL, 33179**

TITLE ☐ Delete  
NAME **VPSD**  
STREET ADDRESS **DE KOSSOY, SILVIA CARLOTA**  
CITY-ST-ZIP **7258 N.W. 70TH STREET  
MIAMI FL 33165**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **504 N.E. 190TH STREET**  
CITY-ST-ZIP **NORTH MIAMI FL, 33179**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**Signature of Eduardo M. Kossoy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**18th February (305)947-0666**  
Date 2003 Daytime Phone #

CR2E034 (10/02)