

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91199 002 ***150.00

DOCUMENT # P01000097155

1. Entity Name
RUIZ ACOSTA CORPORATION

Principal Place of Business
% EMILIO PASTOR. ESQ.
255 UNIVERSITY DRIVE
CORAL GABLES FL 33134

Mailing Address
% EMILIO PASTOR. ESQ.
255 UNIVERSITY DRIVE
CORAL GABLES FL 33134



2. Principal Place of Business
% TRANSYSTEM CARGO CORP.

3. Mailing Address
% TRANSYSTEM CARGO CORP.

Suite, Apt. #, etc.
7374 NW 114 TERRACE

Suite, Apt. #, etc.
7374 NW 114 TERRACE

City & State
Parkland FL

City & State
Parkland FL

4. FEI Number
75-3017646

Applied For
☐ Not Applicable

Zip Country
33076 USA

Zip Country
33076 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

PASTOR, EMILIO C ESQ.
255 UNIVERSITY DRIVE
CORAL GABLES FL 33134

Name
JAIRO A SANDOVAL
 Street Address (P.O. Box Number is Not Acceptable)
4069 Holly CT
 City
WESTON FL Zip Code
33331

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 *[Signature]* **REGISTERED AGENT JAIRO A. SANDOVAL** **04-12-02**
Signature, typed or printed name of registered agent and title if applicable. Date of 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D ACOSTA BUITRAGO, MARTHA G CARRERA 22 #173-50 CASA 76, QUINTA DEL RDI BOGOTA, COLOMBIA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D RUIZ VILLARREAL, HERNANDO A CARRERA 22 #173-50 CASA 76, QUINTA DEL RDI BOGOTA, COLOMBIA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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

04-12-02 **954-3853140**
Date Daytime Phone #

CR2E034 (9/01)