

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90201 021 \*\*\*150.00

**DOCUMENT #** P02000031223

**1. Entity Name**  
THE TUBER RANCH COMPANY



**Principal Place of Business**  
7240 N.W. 12TH STREET  
MIAMI FL 33126

**Mailing Address**  
7240 N.W. 12TH STREET  
MIAMI FL 33126



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**

**City & State**

**4. FEI Number**

☒ Applied For  
☐ Not Applicable

**Zip**

**Country**

**Zip**

**Country**

**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**

REY, ALBERT D  
7240 N.W. 12TH STREET  
MIAMI FL 33126

**Name** ALBERT MORENO (PRESIDENT)  
**Street Address (P.O. Box Number is Not Acceptable)** 7240 NW 12ST  
**City** MIAMI **FL** 33126

**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** PRESIDENT ☐ Delete  
**NAME** ALBERT MORENO  
**STREET ADDRESS** P.O. BOX 1885 MIAMI, FL 33232  
**CITY-ST-ZIP**

**TITLE** PRESIDENT ☐ Change ☒ Addition  
**NAME** ALBERT MORENO  
**STREET ADDRESS** 2625 COLLINS AVE #1007  
**CITY-ST-ZIP** MIAMI BEACH, FL 33140

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

305-860-0060

Date

Daytime Phone #

CR2E034 (10/02)