

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 200***

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90102 036 ***150.00

DOCUMENT # **PO 2000039865**

1. Entity Name **14357 GRASSY COVE CTR
ORLANDO, FL 32824
HERBERT RUIZ, PA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14357 GRASSY COVE CTR

Suite, Apt. #, etc.

3. Mailing Address

14357 GRASSY COVE CTR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

01-0654155

Applied For

Not Applicable

Zip

32824

Country

U.S.A.

Zip

32824

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **RUIZ, HERBERT**

Street Address (P.O. Box Number is Not Acceptable)
14357 GRASSY COVE CTR

City **ORLANDO**

FL

Zip Code

32824

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/8/03

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PD**
NAME **RUIZ, HERBERT JR.**
STREET ADDRESS **14357 GRASSY COVE CTR**
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **PD**
NAME **RUIZ, HERBERT**
STREET ADDRESS **14357 GRASSY COVE CTR**
CITY-ST-ZIP **ORLANDO FL 32824**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03

Date

Daytime Phone #

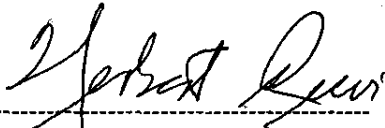
ATTACHMENT

80147815

P02000039865

HERBART RUIZ
14357 GRASSY COVE CIR
ORLANDO, FL 32824

PLEASE WAIVE THE PENALTY AND ACCEPT MY PAYMENT OF \$150. I NEVER RECEIVED
THE UNIFORM BUSINESS REPORT FROM YOUR OFFICE. I CALLED AND WAS TOLD TO
SEND THE LETTER WITH THE \$150.



HERBART RUIZ-PRES