

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90139 048 ***158.75

DOCUMENT # P02000044289

1. Entity Name
LARUFE, CORPORATION



Principal Place of Business
**5336 SW 153 CT
MIAMI FL 33185**

Mailing Address
**5336 SW 153 CT
MIAMI FL 33185**

2. Principal Place of Business

8600 NW SOUTH RIVER DR.

3. Mailing Address

8600 NW SOUTH RIVER DR.

Suite, Apt. #, etc.

235

Suite, Apt. #, etc.

235

City & State

MEDLEY, FL

City & State

MEDLEY, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0596863

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, FERNANDO R
5336 SW 153 CT
MIAMI FL 33185**

7. Name and Address of New Registered Agent

Name

FERNANDO R FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

8600 NW SOUTH RIVER DR.

SUITE 235

City

MEDLEY

FL

Zip Code

33166

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

2/26/03

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

TITLE **DP** ☐ Delete
NAME **RUIZ, LUIS**
STREET ADDRESS **5336 SW 153 CT**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **DV** ☐ Delete
NAME **FERNANDEZ, FERNANDO**
STREET ADDRESS **5336 SW 153 CT**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **DT** ☐ Delete
NAME **GRAVEDEPERALTA, RISELA**
STREET ADDRESS **5336 SW 153 CT**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DV** ☒ Change ☐ Addition
NAME **FERNANDEZ, FERNANDO**
STREET ADDRESS **10239 NW 9 ST CIR #113**
CITY-ST-ZIP **MIAMI, FL 33172**

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

TITLE **DS** ☐ Change ☒ Addition
NAME **TRAVIESO, HABALY**
STREET ADDRESS **10239 NW 9 ST CIR #113**
CITY-ST-ZIP **MIAMI, FL 33172**

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

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:

FERNANDO R FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

Date

(305) 882-1662

Daytime Phone #

CH2E034 (10/02)