

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90457 006 \*\*\*150.00

**DOCUMENT # P02000055034**



1. Entity Name  
**RUMARE CORPORATION**

Principal Place of Business  
**5415 KINGFISH ST  
ORLANDO FL 32812**

Mailing Address  
**5415 KINGFISH ST  
ORLANDO FL 32812**



2. Principal Place of Business  
**2100 S. Conway Road**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**B1**

Suite, Apt. #, etc.

City & State  
**Orlando, Florida**

City & State

4. FEI Number  
**04-3670970**

Applied For  
Not Applicable

Zip Country  
**32812 U.S.A.**

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

**ESCUDERO, RUBEN A  
5415 KINGFISH ST  
ORLANDO FL 32812**

Name

**N/A**

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

(NOTE: Registered Agent signature required when reinstating)

**04/21/2003**

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 NAME ☒ Delete  
**Incorporator  
Marcos Moreira  
1005 TH. 38 Street  
Orlando, FL 32839**

TITLE NAME ☒ Change ☐ Addition  
**President  
Ruben A. Escudero  
2100 S. Conway Road B1  
Orlando, FL 32812**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition  
**Incorporator  
Rene Sabillon  
1505 Americana Blvd. 15H  
Orlando, FL 32839**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete  
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TITLE NAME ☐ Change ☐ Addition  
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

**04/21/2003 (407)898-8265**

Date Daytime Phone #

CR2E034 (10/02)