

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91302 007 \*\*\*158.75

**DOCUMENT # P02000096331**

1. Entity Name  
**RUSACA, INC.**



Principal Place of Business  
**864 WEST 72 PLACE  
HIALEAH FL 33014**

Mailing Address  
**864 WEST 72 PLACE  
HIALEAH FL 33014**

2. Principal Place of Business  
**1501 SW 67th Avenue**

3. Mailing Address  
**1501 SW 67th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33144**

Country  
**USA**

Zip  
**33144**

Country  
**USA**

4. FEI Number  
**52-2378649**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SALCEDO, RUGERO  
864 WEST 72 PLACE  
HIALEAH FL 33014**

## 7. Name and Address of New Registered Agent

Name

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, 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          | <b>P</b>                 | <input type="checkbox"/> Delete            |
| NAME           | <b>TELLEZ, FERNANDO</b>  |  |
| STREET ADDRESS | <b>1501 SW 67 AVENUE</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33144</b>    |  |
| TITLE          | <b>VP</b>                | <input type="checkbox"/> Delete            |
| NAME           | <b>SALCEDO, RUGERO</b>   |  |
| STREET ADDRESS | <b>864 WEST 72 PLACE</b> |  |
| CITY-ST-ZIP    | <b>HIALEAH FL 33014</b>  |  |
| TITLE          | <b>SEC</b>               | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>TELLEZ, BLANCA</b>    |  |
| STREET ADDRESS | <b>1501 SW 67 AVENUE</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33144</b>    |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

|                |  |  |
|----------------|--|--|
| TITLE          | <b>P</b>                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>TELLEZ, FERNANDO</b>                |  |
| STREET ADDRESS | <b>1790 NE 2nd CT</b>                  |  |
| CITY-ST-ZIP    | <b>Miami, FL 33132</b>                 |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          | <b>SEC</b>                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>TELLEZ, JOHN JAIRO</b>              |  |
| STREET ADDRESS | <b>2314 Ponce de Leon Blvd Apt 304</b> |  |
| CITY-ST-ZIP    | <b>Coral Gables, FL 33134</b>          |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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:

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

**Fernando Tellez - President** 04/25/03

(305) 265 2300

Date

Daytime Phone #

CR2E034 (10/02)