

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # **P02000111703**

1. Entity Name  
**CODIBAR SOLUTIONS, INC.**



04-28-2003 91696 001 \*\*\*\*\*8.75  
04-28-2003 91696 002 \*\*\*150.00

**3306934**

Principal Place of Business  
**6412 N UNIVERSITY DRIVE  
SUITE 113 & 118  
TAMARAC FL 33321**

Mailing Address  
**6412 N UNIVERSITY DRIVE  
SUITE 113 & 118  
TAMARAC FL 33321**

2. Principal Place of Business  
**1023 NW 31st Ave**

3. Mailing Address  
**1023 NW 31st Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach, FL**

City & State  
**Pompano Beach, FL**

4. FEI Number  
**03-0488429**

Applied For  
Not Applicable

Zip  
**33069**

Country

Zip  
**33069**

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

**RUIZ, ALVARO  
6412 N UNIVERSITY DRIVE  
SUITE 113 & 118  
TAMARAC FL 33321**

Name

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

**1023 NW 31st Ave**

City **Pompano Beach**

FL

Zip Code **33069**

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

8. 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  
STREET ADDRESS  
CITY-ST-ZIP  
**PO  
RUIZ, ALVARO  
9941 NW 57 MNR.  
CORAL SPRING FL 33076** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
RUIZ, SANDRA T  
9941 NW 57 MNR.  
CORAL SPRING FL 33076** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BEATTIE, PATRICIA  
124 SW 98TH AVENUE  
PLANTATION FL 33324** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/02)