

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO 2000125349**

1. Entity Name

NEW FLORIDA REALTY ADVISORS, INC.



FILED
03 DEC 15 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

420 LINCOLN ROAD

3. Mailing Address

P.O. Bx 4715

Suite, Apt. #, etc.

#225

Suite, Apt. #, etc.

FL

City & State

MIAMI BEACH

City & State

CORAL GABLES, FL

Zip

FL

Country

33139

Zip

33134

Country

4. FEI Number

04-3744059

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

RAMON J. RUIZ

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

4980 SAN ANTONIO DRIVE

City

CORAL GABLES

FL

Zip Code

33146

**DO NOT WRITE
IN THIS SPACE**

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

Ramon J. Ruiz

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

(NOTE: Registered Agent signature required when reinstating)

11/3/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PLUP/SIT/DIC**
NAME **RAMON J. RUIZ**
STREET ADDRESS **4980 SAN ANTONIO DR.**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

REINSTATEMENT **03**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300024698383

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

SIGNATURE:

Ramon J. Ruiz **RAMON J. RUIZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

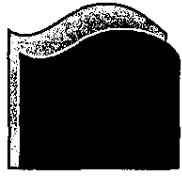
11/3/03

Date

(305) 992-8672

Daytime Phone #

CR2E034B (12/02)



New Florida Realty Advisors, Inc.

December 8, 2003

Florida Department of State
Division of Corporations
Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # PO 2000125349 / New Florida Realty Advisors, Inc. reinstatement

Gentlemen:

The corporation filed an Uniform Business Report, along with payment of \$550.00 as received by your department on 11/12/03 (see attached).

I was unaware that the late fee had changed to \$750.00 as this information is not available anywhere on your web site or on the forms themselves.

I have received no correspondence regarding the change in fees or the filing status of the Uniform Business Report.

Therefore I am resubmitting the Uniform Business Report with an additional payment of \$208.75 representing the change in fees and request for Certificate of Status, and requesting that you apply the previous payment to the fee.

Please note our new mailing address in the Uniform Business Report and forward all correspondence only to that address.

Sincerely,


Ramon J. Ruiz
President