

Amended.
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG 21 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/23/02--01043--030
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 93 00000 6468

1. Entity Name

Ruiz of Miami, Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1770 NW 183 Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State,
Miami, Florida

Zip

Country

33056

USA

City & State

Zip

Country

4. FEI Number

65-0520953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rafael Ruiz

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

1770 NW 183 Street

City

Miami

FL

Zip Code

33056

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President/Director
Rafael Ruiz
1770 NW 183 St
Miami, FL 33056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary/Director
Antonio Ruiz
1770 NW 183 St
Miami, FL 33056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Maria Ruiz
1770 NW 183 St
Miami, FL 33056

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rafael Ruiz President

Date

8/16/02

Daytime Phone #

CR2E034B (12/01)

js rhu12