

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #****P930000034074****1. Entity Name**

RUBEN'S LIQUOR, CORP.

FILED**01 SEP 28 AM 11:00****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****Principal Place of Business****Mailing Address**

1000 71st Street

1000 71st Street

Ft. Lauderdale, FL 33141

Ft. Lauderdale, FL 33141

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650422755

Applied For**Not Applicable****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**

Domingo Trujillo

14016 SW 10th Street

Miami, Florida 33184

Name **Philip Pathyil**

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

301 NW 78 Ter., B34 A201

City **Pembroke Pines****FL**Zip Code **33024****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)

9/26/01

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)** ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D and P	<input checked="" type="checkbox"/> Delete
NAME	Domingo Trujillo, 19690 SW 198th	
STREET ADDRESS	Street, Miami, FL 33187	
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Pathyil, 301 NW 78 Ter., B34 A201,	
STREET ADDRESS	Pembroke Pines, FL 33024	
CITY-ST-ZIP		

TITLE	S and T and D	<input checked="" type="checkbox"/> Delete
NAME	Tere Trujillo, 14241 SW 23rd Lane,	
STREET ADDRESS	Miami, FL 33178	
CITY-ST-ZIP		

TITLE	VP and S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Pathyil, 301 NW 78 Ter., B34 A201,	
STREET ADDRESS	Pembroke Pines, FL 33024	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lizen Pathyil, 301 NW 78 Ter., B34 A201,	
STREET ADDRESS	Pembroke Pines, FL 33024	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 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

9/26/01

Date

(305) 466-0215

Daytime Phone #

CR2E034 (11/00)