

FILED  
Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90149 044 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043193

1. Entity Name  
RUBY WATCHES INC

Principal Place of Business  
141 NE 1ST STREET

Mailing Address

MIAMI, FL  
33132-2501

2. Principal Place of Business  
141 NE 1ST STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

4. FEI Number

65-0417790

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

ALI, RUBINA H.  
141 NE 1ST ST  
MIAMI FL 33132

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.

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) ☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$650.00

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00

Trust Fund Contribution.

May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ALI, RUBINA H.  
STREET ADDRESS 141 NE 1ST ST  
CITY - ST - ZIP MIAMI FL 33132

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change

Addition

TITLE D  
NAME ALI, HAKIM  
STREET ADDRESS 141 NE 1ST ST  
CITY - ST - ZIP MIAMI FL 33132

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

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CITY - ST - ZIP

Change

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CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change

Addition

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: *Rubina H Ali*

RUBINA H ALI

4/4/2002

(305) 358-2266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)