MAY-01-2002 15:43 THE SOLAND GROUP P.A. 5/2

FILED
Jul 22, 2002 8:00 am
Secretary of State

05-24-2002 91327 043 ***150.00

39073

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UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061691

1. Entity Name

RUBEN'S COMPACT DISC & VIDEO LASER, INC.

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2. Principal Place of Business	3. Mailing Address
430 NW 45th Ave.	430 NW 45th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33126 Country	Zip: 33126 Country

4. FEI Number 65-0603199 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: GOMEZ, NELIDA

Street Address (P.O. Box Number is Not Acceptable): 430 NW 45 Ave

City: Miami FL Zip Code 33126

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: PSTD NAME: Gomez, Nelida STREET ADDRESS: 430 NW 45th Ave. CITY-ST-ZIP: Miami FL 33126	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: Nelida Gomez 5/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

TOTAL P.02