FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91887 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061691

1. Entity Name
RUBEN'S COMPACT DISC & VIDEO LASER, INC.

Principal Place of Business	Mailing Address
430 N.W. 45TH AVENUE MIAMI, FL 33126	430 N.W. 45TH AVENUE MIAMI, FL 33126

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
22 SE 1ST Ave	22 SE 1ST Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL.
Zip: 33131 Country:	Zip: 33131 Country:

4. FEI Number: 65-0603199 ☐ 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
GOMEZ, NELIDA 430 N.W. 46 AVE MIAMI, FL 33126	Name: GOMEZ, NELIDA Street Address (P.O. Box Number is Not Acceptable) 22 SE 1ST Ave City: Miami FL Zip Code: 33131

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 _____ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD GOMEZ, NELIDA 430 N.W. 45TH AVENUE MIAMI, FL 33126	☒ Delete	PSTD GOMEZ, NELIDA 22 SE 1ST Ave MIAMI FL 33131	☒ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nelida Gomez 04/30/03 (305) 372-0860
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.01