

2001 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # P96000018959

FILED

1. Entity Name

Ravine RX, INC.

01 FEB -7 PM 3:32

Principal Place of Business

Mailing Address

7400 N. Kendall Dr. Ste: 100
Miami, FL 33156

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

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

65-0645597

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Miguel F. Huertas
7400 N. Kendall Dr. Ste: 100
Miami, FL 33156

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

[Handwritten signature]

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

(NOTE: Registered Agent signature required when reappointing)

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 11, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
(1) Miguel F. Huertas
7400 N. Kendall Dr. Ste: 100
Miami, FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

300003743343-7
-02/20/01--01067--023
****300.00 ****300.00

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten signature] Miguel Huertas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000003743343-7

282

RAVINE RX, INC.
DOC.#P96000018959

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

ATTN: SEAN

ENCLOSED YOU WILL FIND THE UNIFORM BUSINESS REPORT
FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF
STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY CORRESPONDENCE FROM YOUR OFFICE
REGARDING THE UNIFORM BUSINESS REPORT FORM.

PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN
ITS CURRENT STATUS. THANK YOU IN ADVANCE FOR YOUR PROMPT
ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION
REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY



MUGUEL F. HUERTAS
PRESIDENT