FILED

## 2002 Uniform Business Report (UBR)

## Apr 09, 2002 8:00 am Secretary of State DOCUMENT # P97000057074 1. Entity Name RUBIO CREATIVE INVESTMENTS, INC. 04-09-2002 90058 021 \*\*\*150.00 Principal Place of Business Mailing Address 11370 ROYAL TREE CIRCLE 1318 LAFAYETTE ST. CAPE CORAL FL 33991 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0820345 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILL, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 1318 LAFAYETTE STREET CAPE CORAL FL 33904 ٤ City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **DPST** ☐ Delete TITLE CR2E034 (9/01 ☐ Change ☐ Addition RUBIO-GARCIA, HEIKE NAME NAME STREET ADDRESS 11370 ROYAL TREE CIRCLE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME RUBIO-GARCIA, HAMS-RUDOLF NAME STREET ADDRESS 11370 ROYAL TREE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33991 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME HILL, THOMAS W STREET ADDRESS 1318 LAFAYETTE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPRE CORAL FL 33904 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplieriental 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 of 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.

Rubin - Carcia Hans-Ridoll 2-27-22 941-549-2441 SIGNATURE:

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