

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056467

1. Entity Name

RUBY TRANSPORTATION SERVICE INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90137 026 \*\*\*150.00

Principal Place of Business

5230 SW 117TH TERRACE  
COOPER CITY FL 33330-4238

Mailing Address

~~16225 SW 16 STREET~~

~~PEMBROKE PINES FL 33027-5151~~

~~230-174 ST #1401~~

~~NORTH MIAMI BEACH FLA~~

2. Principal Place of Business

3. Mailing Address

230-174 ST #

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1401

City & State

City & State

NORTH MIAMI BEACH

Zip

Country

Zip

Country

33160

Florida

4. FEI Number

65-0844680

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

COO, ANGEL  
16225 SW 16 STREET  
PEMBROKE PINES FL 33027

Name RUFINO, LUIS J.

Street Address (P.O. Box Number is Not Acceptable)  
2750 NE 214 STREET

City AVENTURA

FL

Zip Code 33180

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 \$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	P ECHAVARRIA, JAIME 230-174 STREET APT 1401 NORTH MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUFINO, LUIS J 2750 NE 214 ST AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COO, ANGEL 16225 SW 16 STREET PEMBROKE PINES FL 33027	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUFINO, RAMON L 7401 NW 16 STREET APT 14 PLANTATION FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUFINO, HOMERO D 7401 NW 16 STREET APT 104 PLANTATION FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMEZQUITA, LUIS J 16225 SW 16 STREET PEMBROKE PINES FL 33027	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUFINO, RAMON L 7401 NW 16 STREET APT. 14 PLANTATION FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ECHAVARRIA, JAIME 230-174 STREET APT. 1401 NORTH MIAMI BEACH FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES ECHAVARRIA/DIRECTOR

Date

Daytime Phone #

01-06/00 (305) 933 4877

CR2E034 (9/99)