

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022357

1. Entity Name

RAY RUIZ MARINE FINANCIAL SERVICES, INC

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90039 024 ***150.00

Principal Place of Business

Mailing Address

201 N. UNIVERSITY DR. STE. 114
PLANTATION FL 33324

201 N. UNIVERSITY DR. STE. 114
PLANTATION FL 33324-2039

2. Principal Place of Business

6564 Racquet Club Dr.

3. Mailing Address

6564 Racquet Club Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Lauderhill, FL

4. FEI Number

65-0909692

Applied For

Not Applicable

Zip

Country

33319

USA

Zip

Country

33319

USA

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

SINGER, MARIA A

201 N. UNIVERSITY DR. STE. 114
PLANTATION FL 33324

Name

RAY

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

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 ☐ Delete
NAME **D**
STREET ADDRESS **RUIZ RAY**
CITY-ST-ZIP **201 N. UNIVERSITY DR. STE. 114**
PLANTATION, FL 33324

TITLE ☒ Change ☐ Addition
NAME **RAMON L. RUIZ**
STREET ADDRESS **6564 RACQUET CLUB DR.**
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON L. RUIZ

Date

Daytime Phone #

4-19-2000 954-484-9987

CR2E034 (9/99)