

P 99 0000 56919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

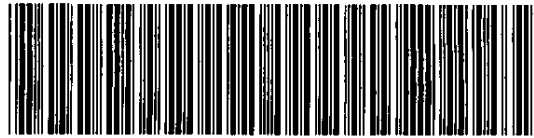
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10 APR 12 AM 10:36  
SECRETARY OF STATE  
HALL ASSESSMENT

RA Change

B. CONNELL APR 13 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 31, 2010

MARCEL RUIZ  
RUIZ ELECTRIC CORPORATION  
8181 N.W. 91 TERRACE UNIT #4  
MEDLEY, FL 33166

SUBJECT: RUIZ ELECTRIC CORPORATION  
Ref. Number: P99000056919

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 010A00007880

IVE  
AM 8:00  
REGISTRATION  
FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RUIZ ELECTRICAL CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** P99000056919

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCEL RUIZ  
Name of Contact Person

RUIZ ELECTRIC CORPORATION  
Firm/Company

8181 NW 91 TERRACE UNIT #4  
Address

MEDLEY, FL 33166  
City/State and Zip Code

ruizelectric@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCEL RUIZ at ( 305 ) 888-5954  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RUIZ ELECTRIC CORPORATION
2. The principal office address: 8181 NW 91 TERRACE #4 MEDLEY, FL 33166
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/23/1999 Document number: P99000056919
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ALL FLORIDA FIRM, INC

813 DELTONA BLVD STE A BOX 1378616

DELTONA FL 32725 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARCEL RUIZ

8181 NW 91 TERRACE UNIT #4

P.O. Box NOT acceptable

MEDLEY, FL 33166

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 12 AM 10:36

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

MARCEL RUIZ/ PRESIDENT

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

03/25/2010

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR21045 (8/05)