

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077966

1. Entity Name

UNITED SERVICES REAL STATE HOLDINGS, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90048 040 ***150.00

Principal Place of Business

1650 N.W. 94TH AVENUE
MIAMI FL 33172

Mailing Address

1650 N.W. 94TH AVENUE
MIAMI FL 33172-2836

2. Principal Place of Business

10813 NW 30th ST

Suite, Apt. #, etc.

BRAY - 107

3. Mailing Address

P.O. BOX 52-2632

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI FLORIDA

Zip

33172

Country

MIAMIDADE

Zip

33014

Country

MIAMIDADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUIZ, LUIS ANDRES
1650 N.W. 94TH AVENUE
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

LUIS A. RUIZ

Street Address (P.O. Box Number is Not Acceptable)

14640 HARVUS PLACE

City

MIAMI LAKES

FL

Zip Code

33014

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUIZ, LUIS ANDRES	
STREET ADDRESS	1650 N.W. 94TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUIZ, ALVARO	
STREET ADDRESS	1650 N.W. 94TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	LA TORRE, CHARO	
STREET ADDRESS	1650 N.W. 94TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	LA TORRE, WILFREDO	
STREET ADDRESS	1650 N.W. 94TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

Date

Daytime Phone #

04-17-00 305-477-5221

CR2E034 (9/99)