

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83105

1. Entity Name

RUTH DAVID OF TAMARAC, INC.

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90137 033 ***150.00

Principal Place of Business

RUTH DAVID OF SUNRISE
7810 N.W. 44TH STREET
SUNRISE FL 33351
US

Mailing Address

% RUTH DAVID OF SUNRISE
7810 NW 44TH ST
SUNRISE FL 33351
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0290205

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEREZ, MARYELLAN
7810 NW 44 ST
SUNRISE FL 33351

Name

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	PEREZ, MARYELLEN	
STREET ADDRESS	390 SABAL WAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PEREZ, MANUEL	
STREET ADDRESS	390 SABAL WAY	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BONILLA, PAUL JR	
STREET ADDRESS	15800 PRESTWICK PL	
CITY-ST-ZIP	MIAMI LKS FL 33014	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BONILLA, MARIA	
STREET ADDRESS	15800 PRESTWICK PL	
CITY-ST-ZIP	MIAMI LKS FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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 #

CR2E034 (10/00)

708469



DO NOT WRITE IN THIS SPACE

Maryellen Perez 1/25/01

954 742-2858