

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90135 032 \*\*\*150.00

NI 9/27/02

**DOCUMENT # S85008**

1. Entity Name  
**LO RUIZ REAL ESTATE, INC.**



Principal Place of Business  
**241 SEVILLA AVE  
SUITE 805  
CORAL GABLES FL 33134  
US**

Mailing Address  
**AV. CLAUDIO ARRAU  
7324 PARQUE INDUSTRIAL PUDAHUEL  
SANTIAGO CHILE  
OC**



2. Principal Place of Business  
**95 Merrick Way**

Suite, Apt. #, etc.  
**Suite 440**

3. Mailing Address  
  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Coral Gables, FL**

Zip  
**33134**

Country  
**USA**

City & State  
  
Zip  
  
Country

4. FEI Number **65-0292543**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DE LA CRUZ, LUIS F JR  
DE LA CRUZ & CUTLER, P.A.  
241 SEVILLA AVE., SUITE 805  
CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
**95 Merrick Way**  
**Suite 440**  
City **Coral Gables** **FL** Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE **2/24/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD GIL, CARLOS 241 SEVILLA AVE., #805 CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
**SIGNATURES REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/20/2003**  
Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)