

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000000605

**Entity Name:** THE RUIZ FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2701 S. LE JEUNE RD 10TH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 566018  
MIAMI, FL 33256 US

**FEI Number: 87-4628838**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MSP LAW FIRM PLLC  
2701 S. LE JEUNE RD 10TH FLOOR  
CORAL GABLES, FL 33134 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name RUIZ, MAYRA  
Address PO BOX 566018  
City-State-Zip: MIAMI FL 33256

Title VD  
Name RUIZ, CRISTINA E  
Address PO BOX 566018  
City-State-Zip: MIAMI FL 33256

Title DT  
Name RUIZ, JOHN  
Address PO BOX 566018  
City-State-Zip: MIAMI FL 33256

Title DS  
Name RUIZ, JOHN H II  
Address PO BOX 566018  
City-State-Zip: MIAMI FL 33256

Title DS  
Name RUIZ, ALEXANDER M  
Address PO BOX 566018  
City-State-Zip: MIAMI FL 33256

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CRISTINA RUIZ**

**VD**

**02/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date