

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90009 016 ****70.00

DOCUMENT # 714481

1. Entity Name

RIO NUEVO DOCKS, INC.

Principal Place of Business

Mailing Address

2928 OAK PARK CIRCLE
 DAVIE FL 33328
 US

2928 OAK PARK CIRCLE
 DAVIE FL 33328-6723
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REY, LUIS
 2928 OAK PARK CIRCLE
 DAVIE FL 33328

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **V BROWNING, LAWRENCE**
 STREET ADDRESS **4050 S.W. 1ST STREET**
 CITY-ST-ZIP **PLANTATION FL**

TITLE Change Addition
 NAME **D Clive Taylor**
 STREET ADDRESS **642 N. E. 3rd ST**
 CITY-ST-ZIP **Dania, FL 33004**

TITLE Delete
 NAME **D PELTON, ARTHUR**
 STREET ADDRESS **2221 NW 34 TERRACE**
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TS REY, LOUIS**
 STREET ADDRESS **2928 OAK PARK CIRCLE**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PR SURGE, ALEX**
 STREET ADDRESS **809 SW 9 TERRACE**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CARDENAS, ROBERT**
 STREET ADDRESS **5055 N A1A #806**
 CITY-ST-ZIP **FT PIERCE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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: **SIGNATURE REQUIRED** *Louis Rey T/s* **4-25-00 954-746-1818**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)