

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0074819

DOCUMENT # 714481

1. Entity Name

RIO NUEVO DOCKS, INC.

04-01-2002 90004 008 ****70.00

Principal Place of Business

Mailing Address

**2928 OAK PARK CIRCLE
 DAVIE FL 33328
 US**

**2928 OAK PARK CIRCLE
 DAVIE FL 33328
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

**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

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	V	<input type="checkbox"/> Delete
NAME	BROWNING, LAWRENCE	
STREET ADDRESS	4050 S.W. 1ST STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELTON, ARTHUR	
STREET ADDRESS	2221 NW 34 TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	TS	<input type="checkbox"/> Delete
NAME	REY, LOUIS	
STREET ADDRESS	2928 OAK PARK CIRCLE	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	PR	<input type="checkbox"/> Delete
NAME	SURGE, ALEX	
STREET ADDRESS	809 SW 9 TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARDENAS, ROBERT	
STREET ADDRESS	5055 N A1A #806	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, CLIVE	
STREET ADDRESS	642 NE 3RD ST	
CITY-ST-ZIP	DANIA FL 33004	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Luis Rey
Louis Rey

Date

Daytime Phone #

3-21-02 954-746-1818

CR2E037 (9/01)