

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005617

1. Entity Name
RIBADEO ENTERPRISES, L.L.C.

FILED

01 MAR 28 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5100 BURCHETTE ROAD
#1900
TAMPA FL 33647

Mailing Address
5100 BURCHETTE ROAD
#1900
TAMPA FL 33647



2. Principal Place of Business

3. Mailing Address

~~131 N. Commerce Dr~~

~~7242 Hammet Rd~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit I

City & State
Largo FL

City & State
Tampa FL 33647

Zip
33770

Country
USA

Zip
33647

Country
U.S.A

4. FEI Number

59-3645900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUEVAS, ANDREW ESQ
CUEVAS & RUBIN PA
9200 S DADELAND BLVD SUITE 603
MIAMI FL 33156

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DE GUEVARA, TOIS MARGARITA BRITO
5100 BURCHETTE ROAD #1900
TAMPA FL 33647 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRITO, BALBINO JOSE GUEVARA
5100 BURCHETTE ROAD #1900
TAMPA FL 33647 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BRITO, JUAN GUEVARA
5100 BURCHETTE ROAD #1900
TAMPA FL 33647 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800003985448-6
-04/10/01--01086--019
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

March 10/01

Date

(813) 632 8608

Daytime Phone #

CR2E083 (11/00)