

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90301 021 \*\*\*\*50.00

UBR0310

**DOCUMENT # L00000005617**

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



Principal Place of Business      Mailing Address  
**22037 US HWY 19 N**      **22037 US HWY 19 N**  
**CLEARWATER FL 33765-2362**      **CLEARWATER FL 33765-2362**

2. Principal Place of Business      3. Mailing Address  
**1630 Hercules Ave N**      **Suite, Apt. #, etc.**  
**N Suite # E**      **Suite, Apt. #, etc.**  
**Clearwater FL**      **City & State**  
**33765-1987**      **Country**      **USA**      **Country**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**CUEVAS, ANDREW ESO**  
**CUEVAS & RUBIN PA**  
**9200 S DADELAND BLVD SUITE 603**  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DE GUEVARA, TOIS MARGARITA BRITO</b> <input type="checkbox"/> Delete <b>5100 BURCHETTE ROAD #1900</b> <b>TAMPA FL 33647</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BRITO, BALBINO JOSE GUEVARA</b> <input type="checkbox"/> Delete <b>5100 BURCHETTE ROAD #1900</b> <b>TAMPA FL 33647</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BRITO, JUAN GUEVARA</b> <input type="checkbox"/> Delete <b>5100 BURCHETTE ROAD #1900</b> <b>TAMPA FL 33647</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DE GUEVARA, IBIS MARGARITA BRITO</b> <b>7242 HAMMET RD</b> <b>TAMPA FL 33647</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BRITO, BALBINO JOSE GUEVARA</b> <b>7242 HAMMET RD</b> <b>TAMPA FL 33647</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GUEVARA-BRITO JUAN</b> <b>7242 HAMMET RD</b> <b>TAMPA FL 33647</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **JUAN GUEVARA BRITO**      **Mar 2h-02-03**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)