

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

0009406

**DOCUMENT # L02000020290**

1. Entity Name

**RIVERCO NORTH AMERICA, LLC**



04-03-2003 90011 040 \*\*\*\*55.00

Principal Place of Business: 6175 NORTHWEST 153RD STREET STE. #325 MIAMI LAKES FL 33014  
Mailing Address: 6175 NORTHWEST 153RD STREET STE. #325 MIAMI LAKES FL 33014

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: 02-0637003 Applied For: Not Applicable

5. Certificate of Status Desired:  \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SOUTHWEST 22 STREET 4TH FL**  
**MIAMI FL 33145**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: OPERATING MANAGER  Delete  
NAME: RICHARD DIPPLE  
STREET ADDRESS: 3533 W. FAIRVIEW ST  
CITY-ST-ZIP: MIAMI, FL 33133

TITLE: \_\_\_\_\_  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: VICE OPERATING MANAGER  Delete  
NAME: RODOLFO SPINELLI  
STREET ADDRESS: 635 GULLO AV. # 105  
CITY-ST-ZIP: MIAMI BEACH, FL 33139

TITLE: \_\_\_\_\_  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: MGR  Delete  
NAME: MIKKO KANKALE  
STREET ADDRESS: PUUTARHAKATU 49  
CITY-ST-ZIP: TURKU FINLAND 20100

TITLE: \_\_\_\_\_  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: MGR  Delete  
NAME: KARI MATTI KANKALE  
STREET ADDRESS: PUUTARHAKATU 49  
CITY-ST-ZIP: TURKU FINLAND 20100

TITLE: \_\_\_\_\_  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: MGR.  Delete  
NAME: RIVERCO OY  
STREET ADDRESS: PUUTARHAKATU 49  
CITY-ST-ZIP: TURKU FINLAND 20100

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: \_\_\_\_\_

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 REQUIRED**

3/31/03 305 827-7990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)