

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90138 038 \*\*\*158.75

**DOCUMENT # P99000100286**

1. Entity Name  
**RIO PALMA HOMES, INC.**

Principal Place of Business  
**15165 NW 77TH AVENUE SUITE 1002**  
**MIAMI LAKES FL 33014**

Mailing Address  
**15165 NW 77TH AVENUE SUITE 1002**  
**MIAMI LAKES FL 33014**



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 **65-0963589**

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

**MIAMI CORPORATE SYSTEMS, INC.**  
**283 CATALONIA AVE.**  
**2ND FLOOR**  
**CORAL GABLES FL 33134**

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEL RIO, PEDRO</b>	NAME	<b>PANDO, DOMINGO</b>
STREET ADDRESS	<b>11530 SW 97TH STREET</b>	STREET ADDRESS	<b>1220 S. Venitian Way</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	CITY-ST-ZIP	<b>Miami, FL 33139</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANDO, DOMINGO</b>	NAME	<b>RASCO, RAMON E</b>
STREET ADDRESS	<b>1020 S VENETIAN WAY</b>	STREET ADDRESS	<b>283 Catalonia Ave 2nd Floor</b>
CITY-ST-ZIP	<b>MIAMI FL 33139</b>	CITY-ST-ZIP	<b>Miami, FL 33134</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RASCO, RAMON E</b>	NAME	<b>ITURREY, JOSE M</b>
STREET ADDRESS	<b>5200 BLUE LAGOON DRIVE SUITE 700</b>	STREET ADDRESS	<b>420 S DIXIE HWY #4B</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ITURREY, JOSE M</b>	NAME	
STREET ADDRESS	<b>420 S DIXIE HWY #4B</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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**

*Pedro del Rio*  
**PRESIDENT 04/12/02 (305) 362-2900**  
Daytime Phone #

CR2E034 (9/01)