

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91316 002 ****70.00

DOCUMENT # 714481

1. Entity Name

RIO NUEVO DOCKS, INC.

Principal Place of Business

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

Mailing Address

**2928 OAK PARK CIRCLE
DAVIE FL 33328
US****A0026339**

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

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

Date

Daytime Phone #

CR2E037 (10/00)