

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91885 038 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000063491 1. Entity Name RIBONTEX U.S.A., INC.																																	
Principal Place of Business 2050 NW 95 AVE MIAMI, FL 33178		Mailing Address 2050 NW 95 AVE MIAMI, FL 33178																															
2. Principal Place of Business 4405 NW 73 AVE Suite, Apt. #, etc. 714-129-37 City & State Miami FL		3. Mailing Address Suite, Apt. #, etc. City & State Zip 33166 Country USA																															
4. FEI Number 04-3695651		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent ZACARIAS, ENZO 2050 NW 95 AVE MIAMI, FL 33178			7. Name and Address of New Registered Agent Name ZACARIAS ENZO Street Address (P.O. Box Number is Not Acceptable) 4405 N.W 73 Ave City MIAMI FL Zip 33166																														
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 must be signed when necessary) DATE _____																																	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"> TITLE D NAME ZACARIAS, ENZO STREET ADDRESS 2050 NW 95 AVE CITY-ST-ZIP MIAMI, FL-33178 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> </tbody> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE D NAME ZACARIAS, ENZO STREET ADDRESS 2050 NW 95 AVE CITY-ST-ZIP MIAMI, FL-33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied on 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.																																	
SIGNATURE: _____ (29) 331-1176 SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	

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☒ CHECK HERE IF MAKING CHANGES

CR2034 (1/02)