

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002155
AV

DOCUMENT # **A30889**

1. Entity Name
RIO TOWERS, LTD.



FILED

03 MAY -9 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1699 CORAL WAY, SUITE 302
MIAMI FL 33145**

Mailing Address
**1699 CORAL WAY, SUITE 302
MIAMI FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0324323**

Applied For

Not Applicable

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

**ANITA RODRIGUEZ-TEJERA
1699 CORAL WAY, SUITE 302
MIAMI FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

**600018577176
05/09/03--01004--007 **150.00**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L75776**
NAME **RIO TOWERS, INC.**
STREET ADDRESS **1699 CORAL WAY, #302**
CITY-ST-ZIP **MIAMI FL**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/31/03

305-856-2547X115

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE