

2001 UNIFORM BUSINESS REPORT (UBR)

0013665 AF

DOCUMENT # L00000014009

1. Entity Name

DEL RIO DEVELOPMENT, L.L.C.

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2324 S. CONGRESS AVE., STE 2C
WEST PALM BEACH FL 33406

Mailing Address

2324 S. CONGRESS AVE., STE 2C
WEST PALM BEACH FL 33406

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1056003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIO, OMAR D
2324 S. CONGRESS AVE., STE 2C
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

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 \$50.00
Make Check Payable to Department of State

500004036395--9
-04/20/01--01106--019
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME DEL RIO, OMAR
STREET ADDRESS 1190 EMERALD DRIVE
CITY-ST-ZIP SINGER ISLAND FL

TITLE MGR ☐ Delete
NAME DEL RIO, OMAR F
STREET ADDRESS 120 M. STREET, NORTH APT I
CITY-ST-ZIP LAKE WORTH FL

TITLE MGR ☐ Delete
NAME DEL RIO, OSCAR
STREET ADDRESS 1712 GLEN ECHO WAY
CITY-ST-ZIP MARIETTA GA

TITLE MGR ☐ Delete
NAME DEL RIO, JORGE A
STREET ADDRESS 12000 WATERSIDE VIEW DRIVE, #33
CITY-ST-ZIP RESTON VA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2765 MANHATTAN PL
CITY-ST-ZIP VIENNA, VA 22180

TITLE ☐ Change ☐ Addition
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:

OMAR del Rio

4/10/01 (SC) 439-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)