

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90007 025 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # L91430**1. Entity Name**
RICEL & RICHIE CORPORATION**Principal Place of Business****2421 N.W. 27TH AVENUE**
MIAMI FL 33142**Mailing Address****2421 N.W. 27TH AVENUE**
MIAMI FL 33142**2. Principal Place of Business****2421 NW 27 AVE****3. Mailing Address****SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL**City & State****4. FEI Number** **65-0207945**☐ **Applied For**
☐ **Not Applicable****Zip**
33142**Country****Zip****Country****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****VALDEZ, MIGUEL A.**
730 SE 9TH PLACE
HIALEAH FL 33010**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**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****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VALDES, MIGUEL A.
730 SE 9TH PLACE
HIALEAH FL ☐ **Delete****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Delete****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VALDES, MIGUEL A
2421 NW 27 AVE
MIAMI, FL 33142 ☒ **Change** ☐ **Addition****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition****TITLE**
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition****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

Date**Daytime Phone #**

CR2E034 (9/01)