

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11864

1. Entity Name

RIOS DE AGUA VIVA DE HIALEAH, INC.

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90203 016 ****66.25

Principal Place of Business

1198 W 32 ST
HIALEAH FL 33012
US

Mailing Address

C/O LUIS HERNAN SEGOVIA
8801 S.W. 41 ST.
HIALEAH FL 33165
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2615537

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

HERNAN, SEGOVIA
8801 SW 41ST
MIAMI FL 33165

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PTD	SEGOWIA, LUIS HERNAN	8801 SW 41 ST.	MIAMI FL						
	SD	SEGOWIA, MARIA	8801 SW 41 ST.	MIAMI FL						
	SD	ROBLE, CECILIA	19461 NW 60 CT	MIAMI FL 33015						

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis H. Segovia 6/1/02 (305) 556-2645

Date

Daytime Phone #

CR2E037 (9/01)