

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90166 011 ****66.25

DOCUMENT # N94000003893

1. Entity Name
RIOS DE AGUA VIVA, INC.



Principal Place of Business

**5610 HANLEY ROAD
SUITE 113
TAMPA FL 33634**

Mailing Address

**P.O. BOX 261714
TAMPA FL 33685**

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 **59-3295010**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GONZALEZ, SERGIO T
4934 HALIFAX DRIVE
TAMPA FL 33615**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GONZALEZ, SERGIO T**
STREET ADDRESS **4934 HALIFAX DRIVE**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **PD** ☐ Change ☐ Addition
NAME **GONZALEZ, SERGIO T.**
STREET ADDRESS **4934 HALIFAX DRIVE**
CITY-ST-ZIP **TAMPA FLA. 33615**

TITLE **TD** ☐ Delete
NAME **CARDOSO, JULIET**
STREET ADDRESS **6418 N. GRADY AVE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **TD** ☐ Change ☐ Addition
NAME **CARDOSO JULIET**
STREET ADDRESS **4446 N. CLARK AVE UNIT 13**
CITY-ST-ZIP **TAMPA FLA 33614**

TITLE **SD** ☐ Delete
NAME **OBREGIN, TOMAS**
STREET ADDRESS **15530 TIMBERLINE DR**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **SD** ☐ Change ☐ Addition
NAME **OBREGIN TOMAS**
STREET ADDRESS **15530 TIMBERLINE DRIVE**
CITY-ST-ZIP **TAMPA FLA. 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

1-26-03 813-728-7643

CR2E037 (10/02)