

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004994

1. Entity Name

RIOS DE AVIVAMIENTO, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90115 011 ****61.25

Principal Place of Business

907 INTRACOASTAL DR #9
FT LAUDERDALE FL 33304

Mailing Address

907 INTRACOASTAL DR #9
FT LAUDERDALE FL 33304-3628

2. Principal Place of Business

2901 West OAKland P. Blvd

3. Mailing Address

Same AS

Suite, Apt. #, etc.

A-13

Suite, Apt. #, etc.

ABOVE

City & State

F. Lauderdale 1

City & State

4. FEI Number

65-0873623

Applied For

Not Applicable

Zip

33311

Country

FLA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDRUEJOL, ANA P
907 INTRACOASTAL DR #9
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

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

SAME

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

TITLE PD ☐ Delete
NAME ANDRUEJOL, ANA P
STREET ADDRESS 907 INTRACOASTAL DR #9
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE SD ☐ Delete
NAME GUERRERO, MARGARITA
STREET ADDRESS 4126 INVERRARY DR
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE TD ☐ Delete
NAME ANDRUEJOL, MICHAEL F
STREET ADDRESS 907 INTRACOASTAL DR #9
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)