

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90475 034 ***150.00

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DOCUMENT # P00000004908

1. Entity Name
RIO ENTERPRISES OF MIAMI, INC.



Principal Place of Business
**7352 STARDUST DRIVE
MIAMI LAKES FL 33015**

Mailing Address
**7352 STARDUST DRIVE
MIAMI LAKES FL 33015**

11003217



2. Principal Place of Business
3301 GRAND AVENUE

3. Mailing Address
3301 GRAND AVENUE

Suite, Apt. #, etc.
SUITE D

Suite, Apt. #, etc.
SUITE D

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0974516

Applied For
Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

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

**MACIEL, MARCO A
7352 STARDUST DRIVE
MIAMI LAKES FL 33015**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MACIEL, MARCO A
7352 STARDUST DRIVE
MIAMI LAKES FL 33015**

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

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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 607, 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

MACIEL, MARCO A

04/03/03

(301) 216-7999

Date

Daytime Phone #

CR2E034 (10/02)