

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90133 027 ***150.00

DOCUMENT # P00000022493

1. Entity Name
RIVAZAR CABINETRY, INC.

Principal Place of Business
1080 BLUE HORIZON DR.
DELTONA FL 32725

Mailing Address
1080 BLUE HORIZON DR.
DELTONA FL 32725

DUU04764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3625938**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

LAURIA, RONALD
620 CRANES WAY, SUITE 207
ALTAMONTE FL 32701

Name **JOSE LUIS RIVAS**

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

1080 BLUE HORIZON DR.

City **DELTONA**

FL Zip Code **32725**

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 **P.D. JOSE LUIS RIVAS**

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

(NOTE: Registered Agent signature required when reinstating)

4-15-02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **RIVAS, JOSE L**
 STREET ADDRESS **1080 BLUE HORIZON DR.**
 CITY-ST-ZIP **DELTONA FL 32725**

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

TITLE **DS** ☐ Delete
 NAME **RIVAS, JUAN GUSTAVO**
 STREET ADDRESS **2203 STONEBROOKS DR.**
 CITY-ST-ZIP **SANFORD FL 32725**

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

TITLE **VD** ☐ Delete
 NAME **RIVAS, MINGUEL A**
 STREET ADDRESS **1080 BLUE HORIZON DR.**
 CITY-ST-ZIP **DELTONA FL 32725**

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

TITLE **D** ☐ Delete
 NAME **RIVAS, HECTOR**
 STREET ADDRESS **1080 BLUE HORIZON DR.**
 CITY-ST-ZIP **DELTONA FL 32725**

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

TITLE **D** ☒ Delete
 NAME **LAURIA, RONALD G**
 STREET ADDRESS **620 CRANES WAY, #207**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

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

4-15-02 (386) 532-3259
 Date Daytime Phone #

CR2E034 (9/01)