

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000029034**1. Entity Name  
RIVER WEST INVESTMENT, INC.

## Principal Place of Business

1925 BRICKELL AVENUE  
SUITE D206  
MIAMI  
33129

FL

## Mailing Address

1925 BRICKELL AVENUE  
SUITE D206  
MIAMI  
33129

FL

## 2. Principal Place of Business

6500 NW 72 AV.

## 3. Mailing Address

6500 NW 72 AV.

Suite, Apt. #, etc.  
THIRD FLOORSuite, Apt. #, etc.  
THIRD FLOOR

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI

FL

City & State  
MIAMI

FL

## 4. FEI Number

65-1033612

Applied For

Not Applicable

Zip  
33166

Country

Zip  
33166

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ORTEGA CARLOS  
1925 BRICKELL AVENUE  
SUITE D206  
MIAMI  
33129

FL

## 7. Name and Address of New Registered Agent

Name

ORTEGA CARLOS A

Street Address (P.O. Box Number is Not Acceptable)  
6500 NW 72 AV.

THIRD FLOOR

City  
MIAMI

FL

Zip Code  
33166

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 **CARLOS A. ORTEGA****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTEGA CARLOS	
STREET ADDRESS	1925 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T/D RIONDA JOAQUIN S	
STREET ADDRESS	6500 NW 72 AV.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/D RIONDA JOAQUIN C	
STREET ADDRESS	6500 NW 72 AV.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/D ORTEGA LEONARDO C	
STREET ADDRESS	6500 NW 72 AV.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D ORTEGA CARLOS A	
STREET ADDRESS	6500 NW 72 AV.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **CARLOS A. ORTEGA**

P/D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)