

**2001 UNIFORM BUSINESS REPORT (UBR)**

5.

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90046 040 \*\*\*150.00

**DOCUMENT # P00000040720**

1. Entity Name  
**DEL RIO, INC.**

Principal Place of Business      Mailing Address  
**3073 NW 11 ST**                              **3073 NW 11 ST**  
**MIAMI FL 33125**                              **MIAMI FL 33125**

2. Principal Place of Business      3. Mailing Address  
**7500 SW 153 CT**                              **SAME**  
 Suite, Apt. #, etc.                              Suite, Apt. #, etc.  
**103**

City & State **MIAMI FL.**

City & State

4. FEI Number  
**65-1002079**

Applied For  
 Not Applicable

Zip **33193**      Country **DEDE**

Zip      Country

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

**6. Name and Address of Current Registered Agent**

**SILVA MOLINA, ROBERTO JOSE**  
**3073 NW 11 ST**  
**MIAMI FL 33125**

**7. Name and Address of New Registered Agent**

Name **ROBERTO JOSE SILVA MOLINA.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7500 SW 153 CT #103**  
 City **MIAMI.**      **FL**      Zip Code **33193**

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]*  
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	DP	<input type="checkbox"/> Delete
NAME	<b>SILVA MOLINA, ROBERTO JOSE</b>	
STREET ADDRESS	<b>3073 NW 11 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
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		<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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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: *[Signature]*  
Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/00)