

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
 03-07-2001 90004 050 ***150.00

DOCUMENT # P00000057425

1. Entity Name
RIVESEL MEDICAL SERVICES, INC.

Principal Place of Business
1222 EL RADO STREET
CORAL GABLES FL 33134

Mailing Address
1222 EL RADO STREET
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1222 El Rado St
 Suite, Apt. #, etc.

City & State
Coral Gables Florida

City & State
Coral Gables

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number
65-1016177

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIVES, EMILIO B
1222 EL RADO STREET
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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.

SIGNATURE *Emilio B Rives*
 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 **PD** ☐ Delete
 NAME **RIVES, EMILIO B**
 STREET ADDRESS **1222 EL RADO STREET**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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: *Emilio B Rives*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/26/01** Daytime Phone # **(305) 461-5637**

CR2E034 (10/00)