

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90043 037 ***150.00

DOCUMENT # P00000074807

1. Entity Name
RIVERS CONSTRUCTION CORPORATION



Principal Place of Business
1404 S.W. 104 COURT
MIAMI FL 33174

Mailing Address
1404 S.W. 104 COURT
MIAMI FL 33174

2. Principal Place of Business
13993 SW 50 TERR
Suite, Apt. #, etc.

3. Mailing Address
13993 SW 50 TERR
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33175

Country
Dade

City & State
Miami, FL
Zip
33175

Country
Dade

4. FEI Number
65-1036061

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

RIVERA, SADAY G
1404 S.W. 104 COURT
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
13993 SW 50 TERR
City **Miami** **FL** **Zip Code** **33175**

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.**

Saday Rivera

1/6/03

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIVERA, FRANCISCO E	
STREET ADDRESS	1404 S.W. 104 COURT	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	RIVERA, SADAY G	
STREET ADDRESS	1404 S.W. 104 COURT	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVERA, GLADYS	
STREET ADDRESS	1404 S.W. 104 COURT	
CITY-ST-ZIP	MIAMI FL 33174	
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		

11. 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	

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: **Saday Rivera**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 (786) 586-3159
DATE **Daytime Phone #**

CR2E034 (10/02)