

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90671 018 ***150.00

DOCUMENT # P000000834184

1. Entity Name
RICITOS CORPORATION

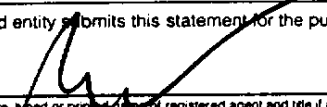
Principal Place of Business 17050 N. BAY ROAD, UNIT 405 SUNNY ISLES BEACH, FL 33160	Mailing Address 17050 N. BAY ROAD, UNIT 405 SUNNY ISLES BEACH, FL 33160
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2. Principal Place of Business 17050 N. BAY ROAD, UNIT 405 Suite, Apt. #, etc. 405	3. Mailing Address 17050 N. BAY ROAD, UNIT 405 Suite, Apt. #, etc. 405
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City & State SUNNY ISLES BEACH, FL	City & State SUNNY ISLES BEACH, FL
Zip 33160	Country USA

6. Name and Address of Current Registered Agent
ROUSSO, MARK E
2875 N.E. 191ST ST., PH 3A
AVENTURA FL 33180

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  **DATE** **3/21/01**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS	
TITLE P S & D	<input type="checkbox"/> Delete
NAME GUSTAVO FUENMAYOR	
STREET ADDRESS 17050 N. BAY ROAD, UNIT 405	
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	
TITLE VP T & D	<input type="checkbox"/> Delete
NAME CLAUDET GONZALEZ DE FUENMAYOR	
STREET ADDRESS 17050 N. BAY ROAD, UNIT 405	
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	
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	

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.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1037282** ☐ **Applied For**
☐ **Not Applicable**

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

7. Name and Address of New Registered Agent


Name **MARK E. ROUSSO, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)
3440 HOLLYWOOD BLVD, STE 360

City **HOLLYWOOD** **FL** **Zip Code** **33021**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

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	

SIGNATURE  **GUSTAVO FUENMAYOR** **3/21/01** **951 302 4280**

SIGNATURE AND TYPED OR PRINTED NAME