

**2002**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90067 029 \*\*\*150.00

**DOCUMENT #**

**1. Entity Name**

**RICITOS CORPORATION**

P000000083984 ✓

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

17050 N. BAY ROAD, #405

**3. Mailing Address**

17050 N. BAY ROAD, #405

Suite, Apt. #, etc.

405

Suite, Apt. #, etc.

405

DO NOT WRITE IN THIS SPACE

**City & State**

SUNNY ISLES BEACH, FL

**City & State**

SUNNY ISLES BEACH, FL

**4. FEI Number**

65-1037282

Applied For

Not Applicable

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional**

**Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current 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

**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, 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) ☐

January 15, May 15, Fee \$150.00

Annual Fee \$450.00

Amended UBR \$6125

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**

<b>TITLE</b>	PS&D
<b>NAME</b>	GUSTAVO FUENMAYOR
<b>STREET ADDRESS</b>	17050 N. BAY ROAD, #405
<b>CITY-ST-ZIP</b>	SUNNY ISLES BEACH, FL 33160
<b>TITLE</b>	VPT&D
<b>NAME</b>	CLAUDET GONZALEZ DE FUENMAYOR
<b>STREET ADDRESS</b>	17050 N. BAY ROAD, #405
<b>CITY-ST-ZIP</b>	SUNNY ISLES BEACH, FL 33160
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

CR2E034B (12/01)