

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000094394**

1. Entity Name

RIVER PLATE CORPORATION

Principal Place of Business

**16850 COLLINS AVENUE
#102
NORTH MIAMI BEACH FL 33160**

Mailing Address

**16850 COLLINS AVENUE
#102
NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0779303**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESPINOSA, NESTOR D**16850 COLLINS AVENUE****#102
NORTH MIAMI BEACH FL 33160**

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

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 \$550.00****After September 12, 2001 Fee will be \$750.00****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	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	PVSD			
	ESPINOSA, NESTOR D	16850 COLLINS AVENUE #102	NORTH MIAMI BEACH FL 33160	

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	TD D			
	JASON, ARIELA	16850 COLLINS AVENUE #102	NORTH MIAMI BEACH FL 33160	

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: x

SIGNATURE REQUIRED

8-29-01

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 12:18



DO NOT WRITE IN THIS SPACE

CR25034 (9/01)