

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

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90870 023 \*\*\*150.00

DOCUMENT #

*100000109649*

1. Entity Name

*Gilberto y Julian de los Rios & Company*

**DO NOT WRITE IN THIS SPACE**

**80054126**

2. Principal Place of Business

*3684 Pine Hurst Dr*

3. Mailing Address

*3684 Pine Hurst Dr*

Suite, Apt. #, etc.

*#1*

Suite, Apt. #, etc.

*#1*

City & State

*Lake worth*

City & State

*Lake worth*

4. FEI Number

*65-1059578*

Zip

*FL*

Country

*33467*

Zip

*FL*

Country

*33467*

5. Certificate of states desired

\$8.75 Annual Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (Box Number is Not Acceptable)

City

**FL**

**DO NOT WRITE  
IN THIS SPACE**

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.

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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. If the corporation is liable for the Intangible Tax, the fee is \$5.00 per \$1,000 of the tax.

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11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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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)(b), 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 on the attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

*03/12/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR