

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

FILED
Oct 02, 2002 8:00 am
Secretary of State

10-02-2002 90119 046 ***550.00

DOCUMENT # **PO10000031201**

1. Entity Name

Rivero Trading Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13341 SW 88 Terr.

Suite, Apt. #, etc.

Suite # A

3. Mailing Address

13341 SW 88 Terr.

Suite, Apt. #, etc.

Suite # A

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1091138

Applied For

Not Applicable

Zip

33186

Country

Dade

Zip

33186

Country

Dade

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

7. Name and Address of Current Registered Agent

Name

Antonio Ramon Rivero

Street Address (P.O. Box Number is Not Acceptable)

13341 SW 88 Terrace Suite # A

City

Miami

FL

Zip Code

33186

**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

Antonio Ramon Rivero

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent must be a resident of Florida.)

8/30/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 **President**
NAME **Antonio Rivero**
STREET ADDRESS **13341 SW 88 Terr. Suite # A**
CITY - ST - ZIP **Miami, FL 33186**

TITLE **V**
NAME **Ibrahim Rivero**
STREET ADDRESS **13341 SW 88 Terr. Suite # A**
CITY - ST - ZIP **Miami, FL 33186**

TITLE **S**
NAME **Andrew Robinson**
STREET ADDRESS **11635 NE 20th Dr.**
CITY - ST - ZIP **North Miami, FL 33181**

TITLE **T**
NAME **Antonio Rivero**
STREET ADDRESS **13341 SW 88 Terr. Suite # A**
CITY - ST - ZIP **Miami, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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

08/30/02

DATE

305-383-3472

Daytime Phone #

CR2E034B (12/01)