FILED
Jun 02, 2003 8:00 am
Secretary of State
04-29-2003 90070 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036770

1. Entity Name

RIMA FINANCIAL GROUP, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

55045777

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O Box 161516	P.O. Box 161516
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33116 Country:	Zip: 33116 Country:

4. FEI Number: 65-1099772 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: PARIS, RICARDO

Street Address (P.O. Box Number is Not Acceptable): P.O. 161516 12573 S.W. 121 WAY

City: MIAMI FL Zip Code: ~~33116~~ 33186

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: _____ 5/10/03

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P.D.
NAME	PARIS, RICARDO
STREET ADDRESS	P.O. BOX 161516
CITY-ST-ZIP	MIAMI, FL. 33116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/23/03 (305) 445-0202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #