

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91149 022 ***150.00

DOCUMENT # P01000056966

1. Entity Name

Rivera Trends, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1339 St. Tropez Cir

3. Mailing Address

1535 N. Park Drive

Suite, Apt., # etc.

Suite 3

Suite, Apt., # etc.

103

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

U.S.

Zip

33326

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-1107953

Applies For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Jennifer Rivera

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

1339 St. Tropez Cir

#300

City

Weston

FL

Zip Code

33326

**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

Jennifer Rivera

5/1/02

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

OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Jennifer Rivera	NAME	
STREET ADDRESS	1339 St. Tropez Cir #300	STREET ADDRESS	
CITY-STATE-ZIP	Weston, FL 33326	CITY-STATE-ZIP	
TITLE	Vice President	TITLE	
NAME	Brian Rivera	NAME	
STREET ADDRESS	1339 St. Tropez Cir #300	STREET ADDRESS	
CITY-STATE-ZIP	Weston, FL 33326	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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)(f), 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:

Jennifer Rivera

5/1/02

054-349-9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)