

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

APPROVED
AND
FILED

02 SEP 27 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500008171505--9
-10/03/02--01021--004
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000071737

1. Entity Name

JUAN RIOS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14121 NW 19 AVE.

3. Mailing Address

14121 NW 19 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPALOCKA, FL

City & State

OPALOCKA, FL

4. FEI Number

65-119140

Applied For

Not Applicable

Zip

Country

33054 US

Zip

Country

33054 US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
JUAN RIOS

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

14121 NW 19 ave.

City

OPALOCKA,

FL

Zip Code

33054

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/25/02

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(P) JUAN RIOS
14121 NW 19TH AVE
OPALOCKA, FL 33054-4141

TITLE
NAME
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CITY-ST-ZIP

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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 lines empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/02

Date

Daytime Phone #


11/10/01 PROCECC

AS PER YOUR INSTRUCTIONS I HAVE ENCLOSED THIS LETTER, MY UBR & A CHECK FOR \$150.00 TO THE FL. DEPT. OF STATE. DUE TO A CHANGE OF ADDRESS I NEVER RECEIVED THE 2002 UBR NOTICE FROM YOUR OFFICE (FIRST NOR SECOND NOTICE OF THE UBR).

I WOULD LIKE TO HAVE THE LATE FEES TO BE WAIVED AND TO UPDATE MY CORPORATION.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

A handwritten signature in black ink, appearing to read 'Juan Rios', written over the printed name.

JUAN RIOS
PRESIDENT

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101
(Address)

CORAL GABLES, FL 33134 305-444-4994
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. Juan Rios Corporation (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #)
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32310

02 SEP 27 AM 9:48

RECEIVED

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report 2002
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials _____