2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000086046 **DOCUMENT #**

1. Entity Name

RINCON CRIOLLO LATIN CORP.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90127 042 ***150.00

		•				WE TOO						
Principal Place of Business 7366 NW 12 STREET MIAMI FL 33126			Mailing Address 7366 NW 12 STREET MIAMI FL 33126									
2. Principal Place of Business			3. Mailing Address							L a a llii ba iil a	1010 DIN 1061	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGE				
City & State			City & State				4. F	65-1133932			plied For t Applicable	
Zip Country		Country	Zip Coun			itry	5. (Certificate of Status Desired		8.75 Add ee Required		
	6. Name	and Address of Current	Registered	d Agent	<u> </u>		7. 1	Name and Address of New Reg	istered A	gent		
	Çi Huino					Name					**-	
QUADROS	s, maria Xell bay	DRIVE		Street Address			s (P.O. Box Number is Not Acceptable)					
MIAMI FL	33131											İ
* .						City	4		FL	Zip Code		l
8. The above the obligati	named entitions of regist	y submits this statement fered agent.	or the purpo	ose of changing it	s register	ed office or regis	stered ag	ent, or both, in the State of Florid	da. I am fa	miliar with,	and accept	ĺ
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if appli	icable. (NO	TE: Registere	ed Agent signature requ	aired when re	einstating)	DATE			
After	May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department	of State	•	•		~	Election Campaign Final Trust Fund Contribution.	ncing		May Be I to Fees	
	- ayabic t	OFFICERS AND		35	11.		ΑE	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	١.
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NAME	QUADRO	S. MARIA			NAM	ИE						145
STREET ADDRESS		CKELL BAY DRIVE			STR	EET ADDRESS						Š
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CITY-ST-ZIP	المين المناسبة		taba abai a Zili	deep not such			n Section	119.07(3)(i), Florida Statutes. I	further cert	ify that the	information	1
12 I hereby	certify that th	e information supplied w	ıtn this filind	does not quality	ior me ex	empuon stated it	1 Section	i i i a.o. (a)(i), i ionua diatutes. I				1

indicated on this report or supplied with this filling does not quality 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \