

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

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90010 006 ***150.00

DOCUMENT # P 01000102248

1. Entity Name

RIKMAR CONSTRUCTION , INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

470 South Pinoak Place

Suite, Apt. #, etc.

210

City & State

Longwood, FL 32779

Zip

32779

Country

U S A

3. Mailing Address

same as above

Suite, Apt. #, etc.

City & State

Zip

Country

B0050346

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3752799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

RICARDO LOPEZ

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

470 South Pinoak Place #210

City

Longwood

FL

Zip Code

32779

**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

Ricardo Lopez

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

(NOTE: Registered Agent signature required when reinstating)

3/10/02

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	PD	TITLE	
NAME	RICARDO A Lopez	NAME	
STREET ADDRESS	470 South Pinoak Place #210	STREET ADDRESS	
CITY- ST- ZIP	Longwood, FL 32779	CITY- ST- ZIP	
TITLE	VPD	TITLE	
NAME	JORGE MARIO MONTOYA	NAME	
STREET ADDRESS	1453 SW 47 Ave	STREET ADDRESS	
CITY- ST- ZIP	Ft. Lauderdale, FL 33314	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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)(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: *x Ricardo Lopez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02

DATE

407-869-6439

Daytime Phone #