

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91324 026 ***150.00

DOCUMENT # P010 001 04933

1. Entity Name

VANILA - Rio, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7205 NW 68 STREET

3. Mailing Address

7205 NW 68 STREET

Suite, Apt. #, etc.

UNIT 11

Suite, Apt. #, etc.

UNIT 11

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

DADE

Zip

FL 33166

Country

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Luis R. Pompa

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

347 SW 191 Terrace

City

Pembroke Pines FL

Zip Code

33029

**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. 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	<u>Luis R. Pompa President</u> <u>7205 NW 68 ST UNIT 11</u> <u>MIAMI, FL 33029</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>RITA T. Pompa, Vice President</u> <u>7205 NW 68 ST UNIT 11</u> <u>MIAMI, FL 33029</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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)(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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/2002 305-882-1717

CR2E034B (12/01)