

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90133 028 ***150.00

DOCUMENT # P01000105257

1. Entity Name
RI-RY INVESTMENT, CORP.



Principal Place of Business

~~1241 S.W. 136 PLACE~~
~~MIAMI FL 33184~~

Mailing Address

~~1241 S.W. 136 PLACE~~
~~MIAMI FL 33184~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1157504

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SIGLER, JOSE A~~
~~1241 S.W. 136 PLACE~~
~~MIAMI FL 33184~~

Name

Recardo Gutierrez

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

2840 S.W. 129 Ave.

City

Miami

FL

Zip Code

33170

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ~~SIGLER, JOSE A~~
STREET ADDRESS ~~1241 S.W. 136 PLACE~~
CITY-ST-ZIP ~~MIAMI FL 33184~~

☐ Delete

TITLE
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Recardo Gutierrez
2840 S.W. 129 Ave.
Mid. Fla. 33170

☐ Change ☐ Addition

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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/03