

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90235 019 \*\*\*150.00

0206966 AV

**DOCUMENT # P01000107468**

**1. Entity Name**  
**RIO SUPPLIES, INC.**



**Principal Place of Business**  
**7225 NW 25 ST**  
**SUITE 300**  
**MIAMI FL 33122**

**Mailing Address**  
**7225 NW 25 ST**  
**SUITE 300**  
**MIAMI FL 33122**



**2. Principal Place of Business**

**13390 SW 131 STREET**

**3. Mailing Address**

**13390 SW 131 STREET**

**Suite, Apt. #, etc.**

**135**

**Suite, Apt. #, etc.**

**135**

**City & State**

**MIAMI, FLORIDA**

**City & State**

**MIAMI, FLORIDA**

**4. FEI Number**

**65-1151963**

**Applied For**

**Not Applicable**

**Zip**

**33186**

**Country**

**MIAMI-DADE**

**Zip**

**33186**

**Country**

**MIAMI-DADE**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**ARAUZ, LUIS**  
**7225 NW 25 ST**  
**SUITE 300**  
**MIAMI FL 33122**

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip Code**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**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**

**TITLE** **PD** ☐ Delete  
**NAME** **MONGE, MARIO A**  
**STREET ADDRESS** **15061 SW 141 LANE**  
**CITY-ST-ZIP** **MIAMI FL 33196**

**TITLE** **SD** ☐ Delete  
**NAME** **ARSHAD, SAJJAD**  
**STREET ADDRESS** **15061 SW 141 LANE**  
**CITY-ST-ZIP** **MIAMI FL 33196**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-15-03**

**(786) 251-7361**

Date

Daytime Phone #

CR2F094 (10/02)