

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90819 047 \*\*\*150.00

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DOCUMENT # P02000032824

1. Entity Name  
OBSESSION RIO CORP.



Principal Place of Business

800 WEST AVE  
APT. # 421  
MIAMI BEACH FL 33139

Mailing Address

800 WEST AVE  
APT. # 421  
MIAMI BEACH FL 33139

2. Principal Place of Business

500 NW 24 STREET

3. Mailing Address

500 NW 24 STREET

Suite, Apt. #, etc.

D

Suite, Apt. #, etc.

D

City & State

MIAMI FLORIDA

City & State

MIAMI FL

Zip

33127

Country

USA

Zip

33127

Country

USA

4. FEI Number

01-0665417

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SIQUEIRA, NEWTON

111 N. E. 2 AVE

APT. # 1502

MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

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

500 NW 24 STREET

SUITE D

City

MIAMI

FL

Zip Code

33127

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

04/30/03

**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 P ☐ Delete  
NAME SIQUEIRA, NEWTON  
STREET ADDRESS 111 N. E. 2 AVE 1502  
CITY-STATE-ZIP MIAMI FL 33132

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 500 NW 24 STREET STE D  
CITY-STATE-ZIP MIAMI FL 33127

TITLE V ☐ Delete  
NAME LLORET, MANUEL N  
STREET ADDRESS 1039 EAST 20TH STREET  
CITY-STATE-ZIP HIALEAH FL 33013

TITLE ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 500 NW 24 STREET STE D  
CITY-STATE-ZIP MIAMI FL 33127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

305 576 0203

Daytime Phone #

CR2E034 (10/02)