

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90141 039 ***158.75

DOCUMENT # P02000042382

1. Entity Name

CENTRO INMOBILIARIO RYC, INC.



Principal Place of Business

7920 NW 166TH STREET

MIAMI FL 33016

Mailing Address

7920 NW 166TH STREET

MIAMI FL 33016

2. Principal Place of Business

2655 Le Jeune Rd

3. Mailing Address

2655 Le Jeune Rd

Suite, Apt. #, etc.

Suite # 700

Suite, Apt. #, etc.

Suite # 700

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

11-3658862

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAPIADOR, REINALDO B

7920 NW 166TH STREET

MIAMI FL 33016

7. Name and Address of New Registered Agent

Name Mario Perez

2655 Le Jeune Road

Suite # 700

City Coral Gables

FL

Zip Code 33134

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

President

1/13/03

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 **D** ☐ Delete
NAME **TAPIADOR, REINALDO B**
STREET ADDRESS **7920 NW 166TH STREET**
CITY-ST-ZIP **MIAMI FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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 **Vice-President** ☐ Change ☐ Addition
NAME **Reinaldo Benito Ruiz-Tapiador**
STREET ADDRESS **2655 Le Jeune Rd Suite #700**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **Director** ☐ Change ☒ Addition
NAME **Manuel Ayllon**
STREET ADDRESS **2655 Le Jeune Rd Suite #700**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **President** ☐ Change ☒ Addition
NAME **Mario Perez**
STREET ADDRESS **2655 Le Jeune Rd Suite #700**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Mario Perez**
STREET ADDRESS **2655 Le Jeune Rd Suite #700**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Mario Perez**
STREET ADDRESS **2655 Le Jeune Rd Suite #700**
CITY-ST-ZIP **Coral Gables, FL 33134**

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 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 REINALDO B TAPIADOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03
Date

(305) 777-0510
Daytime Phone #

CR2E034 (10/02)