

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90060 044 ***150.00

DOCUMENT # P02000073705

1. Entity Name
RIVAS PRODUCTIONS, INC.



Principal Place of Business
**419 GOLDEN ISLES DRIVE #308
HALLANDALE BEACH FL 33009**

Mailing Address
**419 GOLDEN ISLES DRIVE #308
HALLANDALE BEACH FL 33009**



2. Principal Place of Business
5401 ARTHUR ST
Suite, Apt. #, etc.

3. Mailing Address
5401 ARTHUR ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Hollywood, FL
Zip
33021 Country
USA

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Hollywood, FL
Zip
33021 Country
USA

4. FEI Number
30-0096109

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RIVAS, MARIO E
419 GOLDEN ISLES DRIVE #308
HALLANDALE BEACH FL 33009**

7. Name and Address of New Registered Agent

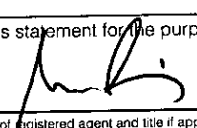
Name
MARIO E RIVAS

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

5401 ARTHUR ST

City **Hollywood** FL Zip Code **33021**

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.

MARIO E RIVAS - PRESIDENT

DATE

3/12/03

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
RIVAS, MARIO E
419 GOLDEN ISLES DRIVE #308
HALLANDALE BEACH FL 33009** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
RIVAS, KAREN A
419 GOLDEN ISLES DRIVE #308
HALLANDALE BEACH FL 33009** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5401 ARTHUR ST.
Hollywood, FL 33021** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5401 ARTHUR ST
Hollywood, FL 33021** ☒ Change ☐ Addition

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 #

**PRESIDENT
MARIO E RIVAS 3/12/03 954-322-0533**

CR2E034 (10/02)