

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91047 016 \*\*\*150.00

**DOCUMENT # P02000119939**

1. Entity Name  
**R & S RIVER GROUP, INC.**



Principal Place of Business  
**3239 W TRADE AVE. STE 8  
COCONUT GROVE FL 33133**

Mailing Address  
**3239 W TRADE AVE. STE 8  
COCONUT GROVE FL 33133**

2. Principal Place of Business  
**426 SW 3RD ST**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI, FL**

City & State

4. FEI Number  
**33-1030852**

Applied For  
☐ Not Applicable

Zip Country  
**33130 DADE**

Zip Country

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

**ROBAU, RAOUL  
3239 W TRADE AVE, STE 8  
COCONUT GROVE FL 33133**

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 **DP** ☐ Delete  
NAME **ROBAU, RAOUL**  
STREET ADDRESS **761 JERONIMO DR**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **DS** ☐ Delete  
NAME **ROBAU, GRACIELLA**  
STREET ADDRESS **761 JERONIMO DR**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **DT** ☐ Delete  
NAME **SAGUE, JUAN**  
STREET ADDRESS **2628 SAN DOMINGO ST**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DV** ☐ Delete  
NAME **SAGUE, LILIA**  
STREET ADDRESS **2628 SAN DOMINGO ST**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 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 or without other like empowered.

SIGNATURE:

**SIGNATURE OF REGISTERED AGENT: RAOUL ROBAU** **4/3/03 (205) 446-2550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)