

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90147 026 ***550.00

DOCUMENT # P93000014708

1. Entity Name
RIVAS IRRIGATION AND TREE PLANTING, INC.

Principal Place of Business

435 A ROAD
LABELLE FL 33935

Mailing Address

PO BOX 1231
LABELLE FL 33975
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0411232**

Applied For

Not Applicable

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

RIVAS, JUANA
435 A ROAD
LABELLE FL 33935

Name

Lorenzo Rivas

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

435 A Road

City

LaBelle

FL

Zip Code
33935

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 *Lorenzo Rivas*

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

(NOTE: Registered Agent signature required when reinstating)

8/24/2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **RIVAS, JUANA**
STREET ADDRESS **435 A ROAD**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **President** ☐ Change ☒ Addition
NAME **Lorenzo Rivas**
STREET ADDRESS **435 A Road**
CITY-ST-ZIP **LaBelle, FL 33935**

TITLE **VP** ☐ Delete
NAME **RIVAS, RENE'**
STREET ADDRESS **435 A ROAD**
CITY-ST-ZIP **LABELLE FL 33975**

TITLE **Sec.** ☒ Change ☐ Addition
NAME **Juana Rivas**
STREET ADDRESS **435 A Road**
CITY-ST-ZIP **LaBelle, FL 33935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorenzo Rivas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/2002

Date

863-675-1532

Daytime Phone #

CR2E034 (4/02)