

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90885 006 ***150.00

DOCUMENT # P93000018478

1. Entity Name

RICHARD INVESTMENTS, INC.

Principal Place of Business

Mailing Address

1336 NW. 3 STREET
 MIAMI, FL, 33125

1336 NW. 3 STREET
 MIAMI, FL, 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0396690

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ROHAN, LAWRENCE J.
 4765 PONCE DE LEON BLVD.
 SUITE 302
 CORAL GABLES, FL, 33146-2113

7. Name and Address of New Registered Agent

Name JULIO ALONSO
 Street Address (P.O. Box Number is Not Acceptable)
 542 SW. 12TH. AVE SUITE 1
 City MIAMI FL Zip Code 33130

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.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

JULIO ALONSO - PRESIDENT

4/28/02

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Since 11/01/01 the IS has been in compliance with the 2002 filing requirements. (See criteria on back)

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	DP	<input type="checkbox"/> Delete
NAME	ALONSO, JULIO	
STREET ADDRESS	1336 NW. 3 ST.	
CITY-ST-ZIP	MIAMI, FL, 33125	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALONSO, RICHARD	
STREET ADDRESS	1336 NW. 3 ST.	
CITY-ST-ZIP	MIAMI, FL, 33125	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALONSO, AIDA	
STREET ADDRESS	1336 NW. 3 ST.	
CITY-ST-ZIP	MIAMI, FL, 33125	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIO ALONSO
 PRESIDENT

4/28/02

(305)449-1306

Date

Daytime Phone #