

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90012 009 ***558.75

DOCUMENT # P93000035391

1. Entity Name

RIVERI STRAPPING, INC.

Principal Place of Business

850 N.E. 207 TERR
#102
MIAMI, FL. 33179

Mailing Address

850 NE 207 TERR. #102
MIAMI, FL. 33179

AU067232

2. Principal Place of Business

244 BISCAYNE BLVD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 592932

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

Zip

33132

Country

DADE

City & State

MIAMI, FLORIDA

Zip

33159

Country

DADE

4. FEI Number

65-0410475

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARIN MARTINEZ
850 N.E. 207 TERR. #102
MIAMI, FL. 33179

7. Name and Address of New Registered Agent

Name KARIN MARTINEZ

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

244 BISCAYNE BLVD.

City MIAMI

FL

Zip Code

33132

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

Karin Martinez

KARIN MARTINEZ PT

7/5/00

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	KARIN MARTINEZ	
STREET ADDRESS	850 N.E. 207 TERR. #102	
CITY-ST-ZIP	MIAMI, FL. 33179	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	KARIN MARTINEZ	
STREET ADDRESS	850 N.E. 207 TERR. #102	
CITY-ST-ZIP	MIAMI, FL. 33179	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	RICARDO J. VEAS	
STREET ADDRESS	850 NE 207 TERR. #102	
CITY-ST-ZIP	MIAMI, FL. 33179	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	RICARDO J. VEAS	
STREET ADDRESS	850 NE 207 TERR #102	
CITY-ST-ZIP	MIAMI, FL. 33179	
TITLE	/	<input type="checkbox"/> Delete
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	
TITLE	/	<input type="checkbox"/> Delete
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARIN MARTINEZ	
STREET ADDRESS	244 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI, FL. 33132	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARIN MARTINEZ	
STREET ADDRESS	244 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI, FL. 33132	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICARDO J. VEAS	
STREET ADDRESS	244 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI, FL. 33132	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICARDO J. VEAS	
STREET ADDRESS	244 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL. 33132	
TITLE	/	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/	
STREET ADDRESS	/	
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

Karin Martinez

KARIN MARTINEZ

7/5/00 (305) 652-0452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)