2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P94000022322

1. Entity Name

DOCUMENT #

RINCON ENTERPRISES, INC.

Ì	SO WE THE

Apr 24, 2003 8:00 am 2 Secretary of State **FILED**

04-24-2003 90261 006 ***150.00

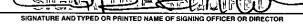
				/			
Principal Place of Business 971 SW 8 ST MIAMI FL 33130		Mailing Address 971 SW 8 ST MIAMI FL 33130		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
2. Principal f	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0368775 Applied For			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8,75 Addi		
	6. Name and Address of Current	l Registered Agent]	7. Name and Address of New Registered A		<u>'</u>	
		<u> </u>	Name				
), George J NCE de Leon Blyd.		Street Address	(P.O. Box Number is Not Acceptable)			
# 430							
CORAL GABLES FL 33134			City	FL	Zip Code	,——	
8. The above	named entity submits this statement for	r the nurnose of changing i	ts registered office or regist	ered agent, or both, in the State of Florida. I am fa	miliar with s	and accept	
	tions of registered agent.		to registered emise of regist	side again, or boin, in the oldie of Foliae. Fair te	arimor with, o	ind accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NC	OTE: Registered Agent signature requir	ed when reinstating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added	May Be to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 11	
TITLE	PSTD	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS	RINCON, CARLOS H 981 S.W. 8TH ST.		NAME STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33130		STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	TITLE	·	☐ Change	☐ Addition	
NAME		L Bolde	NAME		onango		
STREET ADDRESS	<u>.</u>		STREET ADDRESS				
CITY-ST-ZiP		-	CITY-ST-ZIP_	a =	-		
TITLE	:	☐ Delete	TITLE	,	☐ Change	☐ Addition	
name Street address			NAME STREET ADDRESS				
CITY-ST-ZIP	į.		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME		50.00	NAME				
STREET ADDRESS			STREET ADDRESS	•			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		Change	☐ Addition	
NAME			NAME OTDEET + DDDCGG			1	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			}	
		—					
TITLE NAME		☐ Delete	TITLE NAME		Change	Addition	
STREET ANDRESS			NAME CTREET ADDRESS				

12. I hereby certify that the information supplied with this filling 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. 305

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



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