

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079842

1. Entity Name  
**NUESTRO RITMO, INC.**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90095 020 \*\*\*150.00

Principal Place of Business  
**10501 SW 53RD STREET  
MIAMI FL 33165**

Mailing Address  
**10501 SW 53RD STREET  
MIAMI FL 33165**

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 **65-0614696**

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

**BARGE, RENE  
10501 SW 53RD STREET  
MIAMI FL 33165**

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **BARGE, RENE**  
STREET ADDRESS **10501 SW 53RD STREET**  
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE **D** ☐ Delete  
NAME **TEBOE, DANA**  
STREET ADDRESS **12601 SW 115TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **D** ☐ Delete  
NAME **STEIN, THEODORE**  
STREET ADDRESS **13928 SO. BISCAYNE RIVER DRIVE**  
CITY-ST-ZIP **MIAMI FL 33161**

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

TITLE **D** ☐ Delete  
NAME **LEVINE, MICHAEL**  
STREET ADDRESS **6921 SW 84TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE **D** ☐ Delete  
NAME **CONCEPCION, TONY**  
STREET ADDRESS **6637 EMERALD LAKE DRIVE**  
CITY-ST-ZIP **MIRAMAR FL 33023**

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

TITLE **D** ☐ Delete  
NAME **LOPEZ, MANUEL**  
STREET ADDRESS **1083 SW 17TH COURT**  
CITY-ST-ZIP **MIAMI FL 33145**

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 supplement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-10-01 305-854-1810**

CR2E034 (10/00)