

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90023 018 ***150.00

DOCUMENT # P96000012117

1. Entity Name

RIOS ENTERPRISES, INC ✓

Principal Place of Business

Mailing Address

4120 SW 69 AVE.
 MIAMI, FL. 33155

769784

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

4120 SW 69 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI, FL.

4. Fil Number

65-0639604

Applied For

Not Applicable

Zip

Country

Zip

Country

33155

USA

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

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 filing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (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	PRESIDENT	<input type="checkbox"/> Delete
NAME	JESUS RIOS	
STREET ADDRESS	4120 SW 69 AVE.	
CITY-STATE-ZIP	MIAMI FL. 33155	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ADA RIOS	
STREET ADDRESS	4120 SW 69 AVE	
CITY-STATE-ZIP	MIAMI, FL. 33155	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	TERESA RIOS	
STREET ADDRESS	4120 SW 69 AVE	
CITY-STATE-ZIP	MIAMI, FL. 33155	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	GISEL RIOS	
STREET ADDRESS	4120 SW 69 AVE	
CITY-STATE-ZIP	MIAMI, FL. 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 807, 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

Jesus Rios Jesus Rios President

04-30-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)