

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038708

1. Entity Name

RIDER TRADE OF FLORIDA, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90091 020 ***150.00

Principal Place of Business

Mailing Address

1050 NE 134TH STREET
NORTH MIAMI FL 33161
US

1050 NE 134TH ST
NORTH MIAMI FL 33161-4219
US

2. Principal Place of Business

12355 NE 13TH AVE, SUITE 301

3. Mailing Address

1050 NE 134TH ST.

Suite, Apt. #, etc.

SUITE # 301

Suite, Apt. #, etc.

City & State

N. MIAMI FLORIDA

City & State

N. MIAMI FLORIDA

Zip

33161

Country

USA

Zip

33161

Country

USA

4. FEI Number

65-0662747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIORILLO, EDUARDO
1050 NE 134TH STREET
NORTH MIAMI FL 33161

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 reinstating)

DATE

01-14-00

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 ☐ Delete
NAME DP
STREET ADDRESS FIORILLO, EDUARDO
CITY-ST-ZIP 1050 NE 134TH STREET
NORTH MIAMI FL 33161

TITLE ☐ Delete
NAME DV
STREET ADDRESS FIORILLO, RAQUEL
CITY-ST-ZIP 1050 NE 134TH STREET
NORTH MIAMI FL 33161

TITLE ☐ Delete
NAME DT
STREET ADDRESS FIORILLO, DANIEL E
CITY-ST-ZIP 1050 NE 134TH STREET
NORTH MIAMI FL 33161

TITLE ☐ Delete
NAME DS
STREET ADDRESS CASTILLO, MARIA I
CITY-ST-ZIP EPIF EL BOSQUE I, URB EL BOSQUE 3-1
MARACAY2102, ARAGUA, VENEZUELA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP

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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/14/00 (305) 892-8585

CR2E034 (9/99)