FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: 5

SIGNATURE A

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P96000038708 RIDER TRADE OF FLORIDA, INC. 04-27-2001 90239 026 \*\*\*150.00 Principal Place of Business Mailing Address 12355 NE 13 AVENUE 1050 NE 134TH ST SUITE 301 NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 บร 2. Principal Place of Business 3. Mailing Address 16751 NE 9TH AVE 1050 NE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0662747 N. MAMI BEACH Not Applicable Country Country \$8.75 Additional <u> <del>4</del>≥</u>(ï 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent-FIORILLO, EDUARDO 1050 NE 134TH STREET NORTH MIAMI FL 33161 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 printed name of registered agent and title if age (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (10/00) ЮP Change TITLE Delete TITLE FIORILLO, EDUARDO NAME NAME FIORIUO DANIELE 1050 NE 134TH STREET STREET ADDRESS 16751 UE 9TH AUS. APT. 403 STREET ADDRESS CITY - ST - ZIP NORTH MIAMI FL 33161 CITY-ST-7IP N. Main: BEACH FL. 331612 TITLE Delete TITLE Change Addition FIORILLO, RAQUEL NAME 1050 NE 134TH STREET STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP D1---TITLE Delete TITLE Change Addition FIORILLO, DANIEL E FIORILLO EDUANDO NAME NAME 1050 NE 134TH STREET STREET ADDRESS STREET ADDRESS 1050 NE 134THIST CITY-ST-ZIP NORTH MIAMI FL 33161 CITY-ST-ZIP N. MAMi TITLE Delete TITLE Change ☐ Addition CASTILLO, MARIA I NAME NAME STREET ADDRESS EPIF EL BOSQUE I, URB EL BOSQUE 3-1 STREET ADDRESS CITY-ST-ZIP MARACAY2102, ARAGUA, VENEZUELA CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.