

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91433 021 \*\*\*150.00

**DOCUMENT # P96000038708**

**1. Entity Name**  
**RIDER TRADE OF FLORIDA, INC.**



**Principal Place of Business**  
**16751 N.E. NINTH AVENUE**  
**SUITE 403**  
**N. MIAMI BEACH FL 33162**  
**US**

**Mailing Address**  
**16751 N.E. NINTH AVENUE**  
**SUITE 403**  
**N. MIAMI BEACH FL 33162**  
**US**

**2. Principal Place of Business**

**16751 NE 9TH AVE**  
**SUITE 403**

**3. Mailing Address**

**SAME**  
**SUITE 403**

**City & State**  
**N. Miami Beach, FL**

**City & State**

**Zip**  
**33162**

**Country**  
**USA**

**Zip**

**Country**

**4. FEI Number**  
**65-0662747**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**FIORILLO, DANIEL E**  
**16751 NE 9TH AVE**  
**APT 403**  
**MIAMI FL 33162**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** **Signature, typed or printed name of registered agent and title if applicable.**

**(NOTE: Registered Agent signature required when reinstating)**

**DATE**

**04/20/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE** **DP** ☐ Delete  
**NAME** **FIORILLO, DANIEL**  
**STREET ADDRESS** **16751 NE 9TH AVENUE APT 403**  
**CITY - ST - ZIP** **MIAMI FL 33162**

**TITLE** **DV** ☐ Delete  
**NAME** **FIORILLO, RAQUEL**  
**STREET ADDRESS** **1475 N.E. 125 TERRACE - APT.#507**  
**CITY - ST - ZIP** **NORTH MIAMI FL 33161**

**TITLE** **DT** ☐ Delete  
**NAME** **FIRILLO, EDUARDO**  
**STREET ADDRESS** **1475 N.E. 125 TERRACE - APT.#507**  
**CITY - ST - ZIP** **NORTH MIAMI FL 33161**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**11. 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** **DT EDUARDO FIORILLO**  
**STREET ADDRESS** **1475 NE 125 TERRACE - APT.#507**  
**CITY - ST - ZIP** **NORTH MIAMI FL 33161**

**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**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE: DANIEL FIORILLO**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**04/20/03 305-652-5850**  
**Date Daytime Phone #**

CR2E034 (10/02)