DOCUMENT # P96000043300

2001

1. Entity Name

RISE SERVICES INC

FILED

03 DEC -5 AM 11:35

SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	Mailing Address
9500 NW 77 AVE SUITE H15 HIALEAH GARDENS FL 33016	
2. Principal Place of Business 9500 NW 77 AVE	3. Mailing Address 9500 NW 77 AVE
Suite, Apt. #, etc. SUITE 15	Suite, Apt. #, etc. #15
City & State HIALEAH GARDENS	City & State HIALEAH GARDENS FL
Zip 33016 / Country	Zip FL. / Country

4. FEI Number 65-0711955 ☐ 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
WILFRED PEREZ 9500 NW 77 AVE SUITE 15 HIALEAH GARDENS FL. 33016	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, 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP AMABLE B FALERO ☐ Delete PD 2310 S W 92 PL MIAMI FL 33165	☐ Change ☐ Addition 300012258523 12/05/03- 01048--025 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP JOSE M RODRIGUEZ ☐ Delete SD 2911 S W 98 AVE MIAMI FL. 33165	12/05/03 01048026 ☐ Change ☐ Addition 150.00 12/05/03 01048 021 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	REINSTATEMENT 01-05 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition

11. 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #