

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90410 017 ***158.75

DOCUMENT # **P96000066733**

Entity Name: **RIVERO AND ASSOCIATES, INCORPORATED**



Principal Place of Business: **1215 BRIGHTWELL DR
HOLIDAY FL 34690**

Mailing Address: **1215 BRIGHTWELL DR
HOLIDAY FL 34690**



Original Place of Business: **1215 BRIGHTWELL DR
HOLIDAY FL 34690**

File: April 1, 2003

File by State: **FL**

4. Filing Fee: **59-3393649**

5. Filing Fee: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERO, ELOY
1215 BRIGHTWELL DR
HOLIDAY FL 34690**

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

I, 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.

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

\$5.00 Add to Fees

OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	☐ Delete			☐ Change	☐ Addition
T. ADDRESS ST-ZIP	P RIVERO, ELOY 1215 BRIGHTWELL DR HOLIDAY FL 34690		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
T. ADDRESS ST-ZIP	V RAMIREZ, SANDRA 1215 BRIGHTWELL DR HOLIDAY FL 34690		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
T. ADDRESS ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
T. ADDRESS ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
T. ADDRESS ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
T. ADDRESS ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not conflict with the information already on file with the Secretary of State, and that the information indicated on this report or supplemental report is true and correct, and that my signature shall have the same legal effect as if I were the registered agent or director of the corporation or the receiver or trustee empowered to execute this report as required by Section 22, Florida Statutes, and that I am not a person who has been convicted of a felony or an attachment with an address with an other person's report.

SIGNATURE: *E. Rivero* *Sandra Ramirez* **5/28/03** **(727) 455-23-13**

CR2E034 (10/02)