2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000078907**

1. Entity Name

RIO INTERNATIONAL BUSINESS CORPORATION

Principal Place of Business 8512 NW 61 ST

Mailing Address

8512 NW 61 ST MIAMI EL 33166-3309

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

04-28-2000 90134 004 ***150.00

MIAMI FL 33166		MIAMI FL 33166-3309			110010	* 1 1			
0 Principal II	lage of Phoiness	3. Mailing Address							
2. Principal Place of Business		3. Walling Address							
Suite, Apt. #, etc		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State .		City & State		4 . F	FEI Number 65-0715255			Applied For Not Applicable	
Zip	Country	Zìp	Country	5. (Certificate of Status Desired		3.75 Add e Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name						
5340	A, GERARDO SW 154TH COURT	Street Address		ess (P.O. B	ox Number is Not Acceptable)				
MIAN	/II FL 33185		City			FL	Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or reg	gistered ag	ent, or both, in the State of Flori				
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	E: Registered Agent signature re	equired when re	einstating)	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 \$150.0 After MAY 1, 2000 Fee will be \$5 Make Check Payable to Department			10. Election Campaign Fina Trust Fund Contribution.	• —	\$5.0 Added	O May Be to Fees	
11.	OFFICERS AND D	12.	AD	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR!	S IN 11]_	
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NAME	GERA, GERARDO		NAME						15
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NAME	GERA, FABIANA		NAME						
STREET ADDRESS	5340 SW 154TH COURT		STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP	MIAMI FL 33185							Addition	┨
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19 baratar	portify that the information availed with	this filing door not qualify to		in Section	119 07(3)(i) Florida Statutes 1:	further certife	v that the i	information	1

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 approved.

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR