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

## **FILED** Feb 07, 2001 8:00 am Secretary of State DOCUMENT # P96000078907 **RIO INTERNATIONAL BUSINESS CORPORATION** 02-07-2001 90135 015 \*\*\*150.00 Principal Place of Business Mailing Address 8512 NW 61 ST 8512 NW 61 ST MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0715255 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERA, GERARDO Street Address (P.O. Box Number is Not Acceptable) 5340 SW 154TH COURT **MIAMI FL 33185** Zip Code 18. 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, typed or printed name of registered agent and title if applicable (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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE ☐ Delete TITLE ☐ Change Addition GERA, GERARDO NAME NAME 5340 SW 154TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33185** CITY-ST-ZIP VTD TITLE ☐ Delete ☐ Change ☐ Addition GERA, FABIANA NAME NAME 5340 SW 154TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33185** CITY-ST-ZIP 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 TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 PRES 10