

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000086549

1. Entity Name

RIONDA BUILDING CORP.

FILED

02 MAY 21 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

54 S.W. 14th ST.

Suite, Apt. #, etc.

3. Mailing Address

54 S.W. 14th ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0705339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

U.S.A.

Zip

Country

USA

7. Name and Address of Current Registered Agent

Name

QUEVEDO, ADELENA

Street Address (P.O. Box Number is Not Acceptable)

54 S.W. 14th

City

MIAMI

FL

Zip

33130

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
D.P.S.T.
QUEVEDO, ADELENA
STREET ADDRESS
54 S.W. 14th STREET
CITY - ST - ZIP
MIAMI, FL 33130

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600005651616--8
-05/30/02--01037--015
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TITLE
NAME
VP, D
PEREZ, DANIEL C.
STREET ADDRESS
54 S.W. 14th STREET
CITY - ST - ZIP
MIAMI, FL 33130

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

CR2E034B (12/01)