FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90094 006 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024521

1. Entity Name

Rivia Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13706 SW 84 Street	14875 SW 145 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami - FL	City & State: Miami FL
Zip: 33183-4017 Country: USA	Zip: 33196-2315 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0738315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT E. PAIGE, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 9500 So Dadeland B Suite 550

City: Miami FL Zip Code: 33156

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	D. APONTE-Uss Vianey A. 14875 SW 145 Street Miami - FL. 33196-2315
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/02 (305) 385-8285

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