

2002 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED
Apr 24, 2002 8:00 am
Secretary of State

03-25-2002 90119 002 ***150.00

DOCUMENT # P97000031983

1. Entity Name

THE RIGG SHOP, INC.

Principal Place of Business

1311 NE 18 ST APT 105
FORT LAUDERDALE FL 33305

Mailing Address

1311 NE 18 ST APT 105
FORT LAUDERDALE FL 33305

2. Principal Place of Business

1400 NE 18 ST. #2

Suite, Apt. #, etc.

#2

City & State

FT. Lauderdale FL

Zip

33305

Country

USA

3. Mailing Address

1400 NE 18 ST.

Suite, Apt. #, etc.

#2

City & State

FT. Lauderdale, FL

Zip

33305

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0739433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

Name

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

City

FL

7. Name and Address of New Registered Agent

Name

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

City

FL

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 reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	VP	☐ Delete
NAME	GUIMARRRES, DAVIS	
STREET ADDRESS	1311 NE 18 ST APT 105	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment 25161
DOC# P97000031983

4/11/02

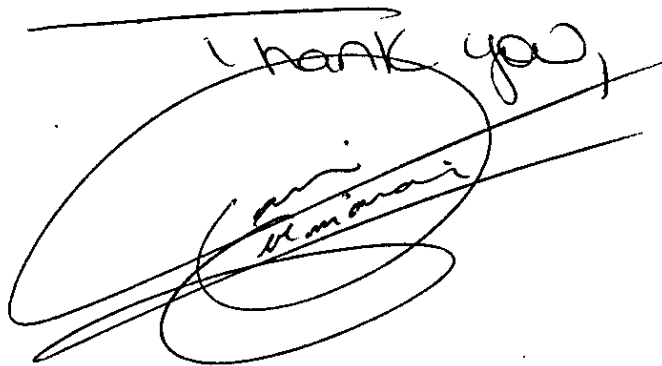
To Whom it May Concern:

I just spoke with a lady
regarding ref # P97000031983

There was an error on Application
Renewal. She said to write
out info & resend in! I
whited out new Registered agent
that was wrote in, in error-

Any questions, plse call me
@ 954-566 9653

Thank you,

Ari Benavides