

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046152

1. Entity Name

RICHLAND INTERNATIONAL CO.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90165 027 ***158.75

Principal Place of Business

750 SW 92 PASSAGE
MIAMI FL 33174

Mailing Address

750 SW 92 PASSAGE
MIAMI FL 33174-2237

2. Principal Place of Business

3833 NW 42 WAY
Suite, Apt. #, etc.

3. Mailing Address

3833 NW 42 WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
COCONUT CREEK, FLORIDA

City & State
COCONUT CREEK, FLORIDA

4. FEI Number 65-0802151

Applied For
Not Applicable

Zip Country
33073 USA

Zip Country
33073 USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA, JAMIL E
750 SW 92 PASSAGE
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name
SILVA, JAMIL F.
Street Address (P.O. Box Number is Not Acceptable)
3833 NW 42 WAY
City COCONUT CREEK FL Zip Code 33073

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/04/00

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, 2000 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 CP
NAME DA SILVA, JAMIL F
STREET ADDRESS 654 S MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BCH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME DA SILVA, JAMIL F
STREET ADDRESS 3833 NW 42 WAY
CITY-ST-ZIP COCONUT CREEK, FL 33073 ☒ Change ☐ Addition

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

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

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

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

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

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 reports 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

04/04/00

Date

954 935 0455

Daytime Phone #

CR2E034 (9/99)