

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90248 021 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000065634

1. Entity Name
RIO GEM EXPORT & IMPORT CORP.



Principal Place of Business
19390 COLLINS AVENUE
SUITE 1214A
NORTH MIAMI BEACH, FL 33160

Mailing Address
19390 COLLINS AVENUE
SUITE 1214A
NORTH MIAMI BEACH, FL 33160

11017380



2. Principal Place of Business
1111 KANE CONCOURSE

Suite, Apt. #, etc.
303

3. Mailing Address
P.O. BOX 402014

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
BAY HARBOR, FL.

City & State
MIAMI BEACH, FL.

4. FEI Number
65-0771028

Applied For
Not Applicable

Zip
33154

Country
USA

Zip
33140

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINTO, FABIO
19390 COLLINS AVENUE
SUITE 1214A
NORTH MIAMI BEACH, FL 33160

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

04/21/2003

DATE

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PINTO, FABIO
STREET ADDRESS 19390 COLLINS AVE, STE 1214 A
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)