

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90290 005 ***150.00

DOCUMENT # P97000102854

1. Entity Name
SOUTH RIVER INVESTORS CORP.

Principal Place of Business

7258 NW 70TH ST
 MIAMI FL 33166

Mailing Address

7258 NW 70TH ST
 MIAMI FL 33166

2. Principal Place of Business

8211 NW 64 ST

Suite, Apt. #, etc.

#6

City & State

Miami Fla

Zip

33166

Country

USA

3. Mailing Address

8211 NW 64 ST

Suite, Apt. #, etc.

#6

City & State

Miami Fla

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0796151**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIRO, CLAUDIO
7258 70TH ST
MIAMI FL 33166

7. Name and Address of New Registered Agent

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.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	NIRO, CLAUDIO
STREET ADDRESS	2944 NW 98 AVE.
CITY-ST-ZIP	MIAMI FL 33178
TITLE	D <input type="checkbox"/> Delete
NAME	DOMINGUEZ, CHRISTIAN
STREET ADDRESS	2944 NW 98 AVE.
CITY-ST-ZIP	MIAMI FL 33178
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8211 NW 64 ST #6
CITY-ST-ZIP	Miami Fla 33166
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8211 NW 64 ST #6
CITY-ST-ZIP	Miami Fla 33166
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **CLAUDIO NIRO** Date: **2/27/01** Daytime Phone #: **305-994-8077**

CR2E034 (10/00)