2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000102945** Mar 09, 2000 8:00 am **Secretary of State** RIGA OF SOUTH FLORIDA, INC. 03-09-2000 90089 024 ***150.00 Principal Place of Business Mailing Address 12405 S.W. 95TH TERRACE 12405 S.W. 95TH TERRACE MIAMI FL 33186-1878 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 65-0804761 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRUBIN, SHOLEM Street Address (P.O. Box Number is Not Acceptable) 12405 S.W. 95TH TERRACE MIAMI FL 33186 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITI F TITLE NAME GRUBIN, SHOLEM NAME STREET ADDRESS 12405 S.W. 95TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Change Addition ☐ Delete TITLE. TITLE NAME GRUBIN, TATYANA NAME STREET ADDRESS STREET ADDRESS 12405 SW 95TH TERR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. Thereby 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

STRAYAND SE THE SIGNING OFFICE OF DIFFET

3/7/00 (305)598-4871

Daytime Pho