

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022786

1. Entity Name

CESAR RIVERA ENTERPRISES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90372 026 ***150.00

Principal Place of Business

2905 SUMMERWIND DRIVE
WINTER PARK FL 32792

Mailing Address

P.O. BOX 812
GOLDENROD FL 32733

550825

2. Principal Place of Business

7822 Brockwood Cir

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 721221

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3490550

Applied For

Not Applicable

Zip

32822-7874

Country

Zip

32822-1221

Country

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

RIVERA, CESAR
2905 SUMMERWIND DRIVE
WINTER PARK FL 32792

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

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, CESAR	
STREET ADDRESS	2905 SUMMERWIND DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Rivera, Cesar	
STREET ADDRESS	7822 Brockwood Cir	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-2001

(407) 467-7236

Date

Daytime Phone #

CR2E034 (10/00)