FILED

## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empow

SIGNATURE:

## Mar 31, 2002 8:00 am P980000259 Secretary of State DOCUMENT # 1. Entity Name 03-31-2002 90328 028 \*\*\*150.00 RIVERS CORP. OF FLORIDA MDR PROPERTY MANAGEMENT Principal Place of Business Mailing Address 4490 NW 102 CT 4490 NW 102 CT MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0859239 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent - -- 6.- Name and Address of Current Registered Agent Name DE LOS RIOS, MERCEDES Street Address (P.O. Box Number is Not Acceptable) 4490 NW 102 CT **MIAMI FL 33178** 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 d 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01 ☐ Change ☐ Addition T:TLE ☐ Delete TITLE DE LOS RIOS, MERCEDES NAME MAME STREET ADDRESS 4490 NW 102 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE J. . ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

PREEDES DE LOS KIOS 3/15