

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90963 008 ***150.00

DOCUMENT # P 98000032751

1. Entity Name

R.S. INTERNATIONAL DISTRIBUTORS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8150 S.W. 8 ST

3. Mailing Address

8150 SW 8 ST

Suite, Apt. #, etc.

#109

Suite, Apt. #, etc.

#109

City & State

MIAMI

FLA

City & State

MIAMI

FLA

4. FEI Number

65-0837216

Applied For

Not Applicable

Zip

33144-4264

Country

MIAMI DADE

Zip

33144-4264

Country

MIAMI DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROBERTO RIVERON

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

1101 S.W. 128 TERRACE

#302

City

PEMBROKE PINES,

FL

Zip Code

33027

**DO NOT WRITE
IN THIS SPACE**

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 is one 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE ROBERTO RIVERON P.D.
NAME 1101 S.W. 128 TERRACE
STREET ADDRESS #302
CITY-ST-ZIP PMBK PINES, FLA 33027

TITLE LETICIA RIVERON S.T.D.
NAME 1101 S.W. 128 TERR.
STREET ADDRESS #302
CITY-ST-ZIP PMBK PINES FLA 33027

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IN THIS SPACE**

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 on an attachment with an address, with a signature and power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO RIVERON

02/20/03

Date

Daytime Phone #

CR2E034B (12/01)