

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90032 009 ***150.00

DOCUMENT # P98000036617

1. Entity Name
PASOS DEL RIO INCORPORATED

Principal Place of Business

**916 SW 67 AVE
MIAMI FL 33144**

Mailing Address

**916 SW 67 AVE
MIAMI FL 33144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0836299**

Applied For

Not Applicable

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

**DEL RIO, FRANKLIN DDS
916 SW 67 AVE
MIAMI FL 33144**

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, 2002 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 **P** ☐ Delete
NAME **DEL RIO, FRANKLIN**
STREET ADDRESS **9210 SW 11TH ST**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **GUILLEN, DEL RIO**
STREET ADDRESS **13386 SW 52ND ST.**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☒ Change ☐ Addition
NAME **UP DEL RIO GUILLERMO**
STREET ADDRESS **13386 SW 52ND ST**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **S** ☐ Delete
NAME **DEL RICO, JUAN MD**
STREET ADDRESS **3191 SW 132 PL**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☒ Change ☐ Addition
NAME **S DEL RIO IVAN MD**
STREET ADDRESS **3191 SW 132 PL**
CITY-ST-ZIP **MIAMI, FL 33175**

TITLE **S** ☒ Delete
NAME **DEL RICO, ROBERTO**
STREET ADDRESS **218 SUMMERFIELD CIR.**
CITY-ST-ZIP **GROVETOWN GA 30813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SH** ☐ Delete
NAME **ESPINOSA, ROBERTO MD**
STREET ADDRESS **4949 W. MORSE**
CITY-ST-ZIP **SKOKIE IL 60067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **DEL RIO, MARIO**
STREET ADDRESS **3192 SW 132RD PL**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Change ☐ 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:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-02 (305) 266-4071

Date

Daytime Phone #

CR2E034 (9/01)