

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056583

1. Entity Name

RIVERA CONSTRUCTION OF TALLAHASSEE, INC.

59-3513142

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90003 017 ***558.75

Principal Place of Business

5039-A LOUVINIA DRIVE
TALLAHASSEE FL 32311

Mailing Address

5039-A LOUVINIA DRIVE
TALLAHASSEE FL 32311

2. Principal Place of Business

931 Rosemary Terrace
Suite, Apt. #, etc.

3. Mailing Address

931 Rosemary Terrace
Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

USA

Zip

32303

Country

USA

4. FEI Number

59-3513142

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, SALVADORE
5039-A LOUVINIA DRIVE
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name: Rivera, Salvador
Street Address (P.O. Box Number is Not Acceptable)
931 Rosemary Terrace
City: Tallahassee FL Zip Code: 32303

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 Salvador Rivera

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/18/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P ☐ Delete
NAME RIVERA, SAVDORIE
STREET ADDRESS 5039-A LORRINIA DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE T ☐ Delete
NAME M.S. GIEVANNONI, JOHN
STREET ADDRESS 5039- B LORRINIA DR.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME RIVERA, SALVADOR
STREET ADDRESS 931 ROSEMARY TERRACE
CITY-ST-ZIP TALLAHASSEE FL 32303

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/2000

Date

850 669-5330

Daytime Phone #

CR2E034 (5/00)