FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90160 033 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056583

1. Entity Name

Rivera Construction of Tallahassee, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
931 Rosemary Terrace		931 Rosemary Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Talahassee, Florida		City & State: Talahassee, Florida	
Zip: 32303	Country: USA	Zip: 32303	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3513142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Salvadore Rivera

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 ____________________ 04.16.2002

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) ☐

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	President, CEO, Chair & Secretary
NAME	Salvadore Rivera
STREET ADDRESS	931 Rosemary Drive
CITY-ST-ZIP	Tallahassee, Florida 32303
TITLE	Treasurer
NAME	John Michael Saffold Giovannoni EA CMA ATA
STREET ADDRESS	3030 Juniperr Drive
CITY-ST-ZIP	Edgewater, Florida 32141-6208
TITLE	
NAME	
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CR2E034B (12/01)

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 all other like empowered.

SIGNATURE: ____________________ 04.18.2002 850-668-5330 850-566-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #