

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91526 029 \*\*\*158.75

DOCUMENT # P98000071082

1. Entity Name

REVILLA GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

2103 Sycamore Lane East 2103 Sycamore Lane East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Plant City, Florida Plant City, Florida

Zip

Country

Zip

Country

33566. U.S.A. 33566. U.S.A.

4. FEI Number

65-0859503

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name ORTIZ-GARCIA RICARDO

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

2103 Sycamore Lane East.

City Plant City

FL

Zip Code 33566.

**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 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 PD  
NAME ORTIZ-GARCIA RICARDO  
STREET ADDRESS 2103 SYCAMORE LANE EAST  
CITY-ST-ZIP PLANT CITY, FL 33566.

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CITY-ST-ZIP

**DO NOT WRITE  
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)(f), 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 employed.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICARDO ORTIZ-GARCIA.

PRESIDENT

Date

4/15/02 (813) 752-0258

Daytime Phone #

CR2E034B (12/01)