

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90002 026 ***558.75

DOCUMENT # P98000071082

1. Entity Name
REVILLA GROUP, INC.



Principal Place of Business
**2103 SYCAMORE LANE EAST
PLANT CITY FL 33566
US**

Mailing Address
**2103 SYCAMORE LANE EAST
PLANT CITY FL 33566
US**



2. Principal Place of Business

2103 Sycamore Lane
Suite, Apt. #, etc.

3. Mailing Address

2103 Sycamore Lane
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Plant City, Florida

City & State

Plant City, Florida

4. FEI Number

65-0859503

Applied For

Not Applicable

Zip
33563

Country
U.S.A

Zip
33563

Country
U.S.A.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ORTIZ-GARCIA, RICARDO
2103 SYCAMORE LANE EAST
PLANT CITY FL 33566**

7. Name and Address of New Registered Agent

Name **ORTIZ-GARCIA, RICARDO.**

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

2103 Sycamore Lane

City **Plant City**

FL

Zip Code
33563

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF RICARDO ORTIZ GARCIA
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

8/01/2004 813-752
Daytime Phone # **0258**

CR2E034 (10/02)