

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083222

1. Entity Name

RIDE ENTERPRISES, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90065 002 ***150.00

Principal Place of Business

Mailing Address

710 WASHINGTON AVE.
#12
MIAMI BEACH FL 33139

710 WASHINGTON AVE.
#12
MIAMI BEACH FL 33139-6248

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

65-0861577

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

HERNANDEZ, URKIA
10275 COLLINS AVE., UNIT 1222 SOUTH
BAL HARBOUR FL 33154

Name

Same

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

9601 W. Broadview Drive

City

Bay Harbour Isl.

FL

Zip Code

33154

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

01-10-00

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, 2000 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 PS ☐ Delete
NAME FILIPPEZZO, ALISON
STREET ADDRESS 10185 COLLINS AVE. #12
CITY-ST-ZIP MIAMI FL 33154

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

TITLE VPT ☐ Delete
NAME HERNANDEZ, URKIA
STREET ADDRESS 10295 COLLINS AVE. #1222
CITY-ST-ZIP BAL HARBOR FL 33139

TITLE VPT ☒ Change ☐ Addition
NAME Hernandez, Urkia
STREET ADDRESS 9601 W. Broadview Drive
CITY-ST-ZIP Bay Harbour Isl., FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

01-10-00

CR25034 (9/99)