

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

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90093 013 \*\*\*158.75

DOCUMENT # P98000094707

1. Entity Name

Rivas Enterprises, Inc



**DO NOT WRITE IN THIS SPACE**

80064286

2. Principal Place of Business

7389 SW 34th Terrace

3. Mailing Address

7389 SW 34th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number  
62-1767120

Applied For  
Not Applicable

Zip  
33155

Country  
USA

Zip  
33155

Country  
USA

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  
Jose R. Rivas

Street Address (P.O. Box Number is Not Acceptable)  
10920 NW 7th St. Unit 603

City  
Miami

FL

Zip Code  
33172

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
D. Leonel Rivas  
STREET ADDRESS  
7389 SW 34th Terrace  
CITY-ST-ZIP  
Miami, FL 33155

TITLE  
NAME  
D. Jose R. Rivas  
STREET ADDRESS  
10920 NW 7th St #603  
CITY-ST-ZIP  
Miami, FL 33172

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 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 #

3/18/03 305 264 5326

CR2E034B (12/02)