

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90109 040 ***150.00

DOCUMENT # P99000001742
 1. Entity Name Rio Omega Corporation ✓

Principal Place of Business Mailing Address
2360 W 68 St. #120 same
Hialeah, FL, 33016

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 65-0888717 Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00058369

6. Name and Address of Current Registered Agent
JOSE E. FONT
6151 Palm Trace Landing
APT. 317, DAVIE, FL, 33314

7. Name and Address of New Registered Agent
 Name Manuel Rivera
 Street Address (P.O. Box Number is Not Acceptable) 2361 W 66 St.
 City Hialeah FL Zip Code 33016

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] DATE May 15-2000
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>JOSE FONT</u>	
STREET ADDRESS	<u>2725 W 64 PL.</u>	
CITY-ST-ZIP	<u>HIALEAH, FL, 33016</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

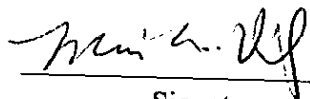
TITLE	<u>SECRETARY-TREASURER</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>MARIA A. VELEZ</u>	
STREET ADDRESS	<u>194-51 NW 77th</u>	
CITY-ST-ZIP	<u>MIAMI, FL, 33015</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] (Jose Font) DATE May-15-2000
 Signature and typed or printed name of signing officer or director

CR2E034 (9/99)

Attachment
b7# 999 0000 1942
00058369

Maria A. Velez
Secretary-Treasurer
194-51 NW 77 CT.
Miami FL, 33015


Signature