

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085639

1. Entity Name

RIVERBREEZE VILLAS, INC.

Principal Place of Business

Mailing Address

C/O NICOLAS FERNANDEZ P.A.  
4095 SW 67 AVE  
MIAMI FL 33155

C/O NICOLAS FERNANDEZ P.A.  
4095 SW 67 AVE  
MIAMI FL 33155

2. Principal Place of Business

12763 SW 280 Street

Suite, Apt. #, etc.

3. Mailing Address

12763 SW 280 Street

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33032

Country

USA

Zip

33032

Country

USA

4. FEI Number

65-0950615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, JAY V  
4095 SW 67 AV  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name SUAREZ, JESUS V.

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

12763 SW. 280 St.

City

MIAMI

FL

Zip Code

33032

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

6/7/01

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, 2001 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	DPS	<input type="checkbox"/> Delete
NAME	SUAREZ, JAY V	
STREET ADDRESS	4095 LUDLAN ROAD	
CITY-ST-ZIP	MIAMI FL 33155	
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	SUAREZ, JESUS V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12763 SW 280 Street	
CITY-ST-ZIP	Miami, Florida 33032	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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:

*J. Suarez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/01

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED  
Jun 15, 2001 8:00 am  
Secretary of State

05-15-2001 90048 028 \*\*\*150.00