

DOCUMENT # P99000097441

1. Entity Name  
RIVERA'S GAS STATION, INC.

FILED  
Jan 13, 2001 8:00 am  
Secretary of State

01-13-2001 90046 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2315 SANTA ANA ST.  
KISSIMMEE FL 34743

Mailing Address  
2315 SANTA ANA ST.  
KISSIMMEE FL 34743

2. Principal Place of Business  
8325 N. Fla Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
504 Siobhan CT  
Suite, Apt. #, etc.

City & State  
Tampa FL  
Zip  
33600

City & State  
Tampa FL  
Zip  
33613

4. FEI Number 59-3607351  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
RIVERA, HECTOR  
2315 SANTA ANA ST.  
KISSIMMEE FL 34743

7. Name and Address of New Registered Agent  
Name Rivera Hector  
Street Address (P.O. Box/Number is Not Acceptable)  
504 Siobhan CT  
City Tampa FL Zip Code 33613

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RIVERA, HECTOR	2315 SANTA ANA ST.	KISSIMMEE FL 34743	<input type="checkbox"/>
STD	RIVERA, WILLIAM	2315 SANTA ANA ST.	KISSIMMEE FL 34743	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	Rivera, Hector	504 Siobhan CT.	Tampa FL 33613	<input checked="" type="checkbox"/>
STD	Rivera, William	504 Siobhan CT	Tampa FL 33613	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Hector Rivera  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)