

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107723

1. Entity Name

RICANVE, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90063 012 \*\*\*150.00

Principal Place of Business

Mailing Address

782 NW 42ND AVE., SUITE 630  
MIAMI FL 33126

782 NW 42ND AVE., SUITE 630  
MIAMI FL 33126

2. Principal Place of Business

782 N.W. 42ND AVENUE

3. Mailing Address

782 N.W. 42ND AVENUE

Suite, Apt. #, etc.

SUITE 430

Suite, Apt. #, etc.

SUITE 430

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

52-1990659

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

MEMBIELA, JOAQUIN  
782 NW 42ND AVE., SUITE 430  
MIAMI FL 33126

Name

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

City

FL

Zip Code

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, 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 P/D ☐ Delete  
NAME JOSE QUINTERO DEABREU  
STREET ADDRESS 782 N.W. 42ND AVENUE SUITE 430  
CITY-ST-ZIP MIAMI, FL 33126-5549

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

TITLE V/T/D ☐ Delete  
NAME JOSE A. DEABREU  
STREET ADDRESS 782 N.W. 42nd AVENUE SUITE 430  
CITY-ST-ZIP MIAMI, FL 33126-5549

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

TITLE V/D ☐ Delete  
NAME ERNESTO J. DEABREU  
STREET ADDRESS 782 N.W. 42ND AVENUE SUITE 430  
CITY-ST-ZIP MIAMI, FL 33126-5549

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

TITLE V/D ☐ Delete  
NAME CARMEN E. DEABREU  
STREET ADDRESS 782 N.W. 42ND AVENUE SUITE 430  
CITY-ST-ZIP MIAMI, FL 33126-5549

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

TITLE V/D ☐ Delete  
NAME MERCEDES C. DEABREU  
STREET ADDRESS 782 N.W. 42ND AVENUE SUITE 430  
CITY-ST-ZIP MIAMI, FL 33126-5549

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

TITLE S ☐ Delete  
NAME JOAQUIN MEMBIELA  
STREET ADDRESS 782 N.W. 42ND AVENUE SUITE 430  
CITY-ST-ZIP MIAMI, FL 33126-5549

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 #

(305) 446-4006

CR2E034 (9/99)