

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000107723**

1. Entity Name

RICANVE, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90920 050 ***150.00

Principal Place of Business

**782 N.W. 42ND AVENUE
SUITE 430
MIAMI FL 33126-5549**

Mailing Address

**782 N.W. 42ND AVENUE
SUITE 430
MIAMI FL 33126-5549****757701**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEABREAU, JOSE Q	
STREET ADDRESS	782 N.W. 42ND AVENUE SUITE 430	
CITY-ST-ZIP	MIAMI FL 33126-5549	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	DEABREAU, JOSE A	
STREET ADDRESS	782 N.W. 42ND AVENUE SUITE 430	
CITY-ST-ZIP	MIAMI FL 33126-5549	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEABREAU, ERNESTO J	
STREET ADDRESS	782 N.W. 42ND AVENUE SUITE 430	
CITY-ST-ZIP	MIAMI FL 33126-5549	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEABREAU, CARMEN E	
STREET ADDRESS	782 N.W. 42ND AVENUE SUITE 430	
CITY-ST-ZIP	MIAMI FL 33126-5549	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEABREAU, MERCEDES C	
STREET ADDRESS	782 N.W. 42ND AVENUE SUITE 430	
CITY-ST-ZIP	MIAMI FL 33126-5549	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEMBIELA, JOAQUIN	
STREET ADDRESS	782 N.W. 42ND AVENUE SUITE 430	
CITY-ST-ZIP	MIAMI FL 33126-5549	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Addition
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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:
DEABREAU, JOSE Q.

04-03-01

305-446-4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0146389