

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # P99000110767

1. Entity Name
HECTOR MANUEL RIVERA, INC.

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
448 FLAMINGO DRIVE
APOLLO BEACH FL 33572

Mailing Address
448 FLAMINGO DRIVE
APOLLO BEACH FL 33572



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE
59-3611029

4. FEI Number
~~P99000110767~~
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

**RIVERA, HECTOR MANUEL
448 FLAMINGO DRIVE
APOLLO BEACH FL 33572**

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 *Hector Manuel Rivera*
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	RIVERA, HECTOR MANUEL	
STREET ADDRESS	448 FLAMINGO DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	300003383949--0	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	300003383949--0	

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 Manuel Rivera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/13/00** Daytime Phone # **813-641-9035**

CR2E034 (5/00)

To whom it may concern,

I've received the 2000 Uniform Business report on July 5, 00 to file before Sept. 13, 2000, second notice, saying to pay \$550.00.

I called on July 6, 00 at (850) 499-9000, 10:30 AM, spoke to Marie and told her that I've never received a letter in January 2000, so why should I pay \$550.00.

She said to mail a check for \$150.00, and attach a letter stating that I've never received the letter that was to come on that month, so here it is.

Thank You, For your appreciation and understanding.

Jeffrey L. Jimer



August 14, 2000

Dear Sr. Madone,

I am writing you as you requested, in regard to not receiving the first notice. I did not get these forms. I was not aware they were coming + therefore did not know I missed anything. This second notice was a shock to me, as I would not disregard anything of this importance.

Thank you for your time and consideration,

Yours, truly

Corolyn Parrillo

300A00041972