

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**  
 07-25-2000 90101 037 \*\*\*150.00

**DOCUMENT # P99000111286**

1. Entity Name  
**RIN ODYSSEY, INC.**

Principal Place of Business  
 12701 S.W. 68TH TERRACE  
 MIAMI FL 33183

Mailing Address  
 12701 S.W. 68TH TERRACE  
 MIAMI FL 33183



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number  
**65-0969565**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DAVILA, ROSARIO N**  
**12701 S.W. 68TH TERRACE**  
**MIAMI FL 33183**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>IGNACIO DAVILA</b>	
STREET ADDRESS <b>12755 SW 42 ST</b>	
CITY-ST-ZIP <b>MIAMI, FL 33183</b>	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME <b>ROSARIO DAVILA</b>	
STREET ADDRESS <b>12755 SW 42 ST</b>	
CITY-ST-ZIP <b>MIAMI, FL 33183</b>	
TITLE <b>TREASURER</b>	<input type="checkbox"/> Delete
NAME <b>NATASHA DAVILA</b>	
STREET ADDRESS <b>12755 SW 42 ST</b>	
CITY-ST-ZIP <b>MIAMI, FL 33183</b>	
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	<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 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: **SIGNATURE REQUIRED**

7/19/00 Date Daytime Phone #

CR2E034 (5/00)

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

Doc # P9900011286  
663814

DEAR SIRs:

The present is to inform you that I never receive a  
Business Report form, until now, the second notice.  
I want to apologize for my ignorance about  
the regulations in business.  
Included is a check for \$150 dollars, I hope you  
understand my situation.

Sincerely yours,



Ignacio Davila