

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90942 043 ***150.00

DOCUMENT # V28620

1. Entity Name

RIVERS INVESTMENTS OF FLORIDA, INC.



Principal Place of Business

**8420 NW 160 ST
OKEECHOBEE FL 34972
US**

Mailing Address

**8420 NW 160 ST
OKEECHOBEE FL 34972
US**

2. Principal Place of Business

**12390 Hwy 70 WEST
Suite, Apt. #, etc.**

3. Mailing Address

**12390 Hwy 70 WEST
Suite, Apt. #, etc.**

City & State

OKEECHOBEE FL

City & State

OKEECHOBEE FL

Zip

34972

Country

U.S.

Zip

34972

Country

U.S.

4. FEI Number

65-0325194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAITAN, JUAN P
8420 NW 160 ST
OKEECHOBEE FL 34972**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CALLE, JENARO
8420 NW 160TH ST
OKEECHOBEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
CALLE, ANA MARIA
8420 NW 160TH ST
OKEECHOBEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
CALLE, ROSA HELENA
8420 NW 160TH ST
OKEECHOBEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MD
GAITAN, JUAN PABLO
8420 NW 160 ST
OKEECHOBEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)