

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751790

1. Entity Name

THE RIVIERA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90137 017 \*\*\*\*61.25

Principal Place of Business	Mailing Address
2401 COLLINS AVENUE MIAMI BEACH FL 33140	2401 COLLINS AVENUE MIAMI BEACH FL 33140-4752

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2022072** | Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSA DE LA CAMARA**  
**% BECKER & POLIAKOFF, P.A.**  
**5201 BLUE LAGOON DRIVE, SUITE 100**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**FILE NOW: FEE IS \$61.25** | **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MESA, WALDO	
STREET ADDRESS	2401 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MESA, NANCY	
STREET ADDRESS	2401 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREZ, IGNACIO	
STREET ADDRESS	2401 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COSSIO, VINCENT	
STREET ADDRESS	2401 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHANCHNER, MAX	
STREET ADDRESS	2401 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emma del Forn	
STREET ADDRESS	2401 Collins Ave	
CITY-ST-ZIP	Miami Beach, Fl 33140	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carlos Parodi	
STREET ADDRESS	2401 Collins Ave	
CITY-ST-ZIP	Miami Beach, Fl 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hector Hernandez	
STREET ADDRESS	2401 Collins Ave	
CITY-ST-ZIP	Miami Beach, Fl 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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** *Ignacio Perez - President* 1/25/00 305-532-3203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #