

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NB1217**

1. Entity Name
The River Club Townhouse Condo. Assoc, Inc.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1901 NW South River Drive 2828 Coral Way, Suite# 435
Miami, Fl 33125 Miami, Fl 33145

2. Principal Place of Business 3. Mailing Address
1901 NW South River Drive All Florida Management
Suite, Apt. #, etc. Suite, Apt. #, etc.
2828 Coral Way, Ste 435

City & State City & State
Miami, Fl Miami, Fl
Zip Zip
33125 33145
Country Country
Dade Dade

REINSTATEMENT 09-00

DO NOT WRITE IN THIS SPACE

4. FEI Number **650150614** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SACHS, SAK & KLEIN, P.A.
ATTORNEYS AT LAW c/o Edo Meloni, Esq.
SUITE 4150. NORTHERN TRUST PLAZA
301 YAMATO ROAD
P.O. BOX 810037
BOCA RATON, FLORIDA 33481-0037

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]* **03-10-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	Jose M. Rodriguez	2828 Coral Way, Suite # 435	<input type="checkbox"/> Delete
	TD	Hortencia de la Fe.	2828 Coral Way, Suite #435	<input type="checkbox"/> Delete
	VD	Sidney Beraha	2828 Coral Way, Suite # 435	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* **03-10-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

KE