2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90824 029 ***150.00

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DOCUMENT # P01000025217

1. Entity Name
RIVIERA REAL ESTATE CORP.

Principal Place of Business	Mailing Address
1000 ISLAND BLVD SUITE 711 AVENTURA FL 33160	1000 ISLAND BLVD SUITE 711 AVENTURA FL 33160

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1000 ISLAND BLVD		1000 ISLAND BLVD	
Suite, Apt. #, etc.: 1807		Suite, Apt. #, etc.: 1807	
City & State: AVENTURA, FL		City & State: AVENTURA, FL	
Zip: 33160	Country:	Zip: 33160	Country:

4. FEI Number 65-1081852 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATUS, JOEL
1000 ISLAND BLVD SUITE 711
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name: MATUS, JOEL
Street Address (P.O. Box Number is Not Acceptable): 1000 ISLAND BLVD STE
City: AVENTURA FL Zip Code: 33160

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATUS, JOEL 1000 ISLAND BLVD SUITE 711 AVENTURA FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATUS, JOEL 1000 ISLAND BLVD STE # 1807 AVENTURA, FL 33160	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: ____________________ 4/28/03 (305) 725-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)