2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017417

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RILEY FINANCIAL GROUP CORPORATION

City & State	City & State					
2. Principal Place of Business Suite, Apt. #, etc.	9380 SUNSET DR SUITE B-240 MAIMI FL 33173-5454 US 3. Mailing Address Suite, Apt. #, etc.					
2380 SUNSET DR SUITE B-240 MAIMI FL 33173 US						
Principal Place of Business	Mailing Address					

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90138 043 ***150.00

380 SUNSET DR IUITE B-240 AAIMI FL 33173 IS		9380 SUNSET DR SUITE B-240 MAIMI FL 33173-5454 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State 4.		4. F	FEI Number 65-0730169	Applied For Not Applicable		
Zip	Country	Zip	Country	5. (Certificate of Status Desired	Additional quired		
	6. Name and Address of Current Registered Agent			7. 1	Name and Address of New Registered Agent			
			Name					
RILEY, ANNE 9380 SUNSET DR SUITE B-240 MIAMI FL 33173			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			City	<u> </u>	FL Zip	Code		
8. The above	e named entity submits this statement		·					
	Signature, typed or printed name of registered age	ent and title if applicable. (No	OTE: Registered Agent signature rec	Juired when re	einstating) DATE			
Tax filing requirement and elects to do so. After MAY 1, 2000		W!!! FEE IS \$150.00 2000 Fee will be \$550.0 able to Department of		10. Election Campaign Financing Trust Fund Contribution.	5.00 May Be			
11.	OFFICERS AN	D DIRECTORS	12.	AC	DDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MPS RILEY, ANNE 9380 SUNSET DR MIAMI FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge [] Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINNEY E 35173	☐ Delete	TITLE NAME STREET ADDRESSCITY_ST_ZIP	~~~ >r	□ Cha	nge 🗌 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge 🗌 Addition		

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

EDULANTE RISEQUARES DUT FED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26,200

(305) 270-3013

Addition