

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91754 018 ***150.00

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

DOCUMENT # **P98000051662**
 1. Entity Name
Tyriver Designs, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 282 NW 69th St		3. Mailing Address 282 NW 69th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33487	Country USA	Zip 33487	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650840549		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name SORAYA TYRIVER			
Street Address (P.O. Box Number is Not Acceptable) 282 NW 69th St			
City Boca Raton		FL	Zip Code 33487

**DO NOT WRITE
 IN THIS SPACE**

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 renewing) _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Corey Tyriver 282 NW 69th St Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP Soraya Tyriver 282 NW 69th St Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE: **Soraya Tyr**, VP Soraya Tyriver **5/1/02** **561-994-0498**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)