

2000 UNIFORM BUSINESS REPORT (UBR)

0054396

DOCUMENT # P99000105299

1. Entity Name
RILES & COMPANY, INC.

Principal Place of Business Mailing Address
180 ARVIDA PARKWAY 180 ARVIDA PARKWAY
CORAL GABLES FL 33156 CORAL GABLES FL 33156

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
95-3703602 Not Applicable

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

FILED
01 SEP 18 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INTRSTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer <input type="checkbox"/> Change <input type="checkbox"/> Addition Director; Patrick J. Riley 180 Arvida Parkway Coral Gables, FL. 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Chief Financial Officer <input type="checkbox"/> Change <input type="checkbox"/> Addition Director; Christine C. Riley 180 Arvida Parkway Coral Gables, FL. 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004610736--1 -09/25/01--01082--038 ****908.75 ****908.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 2000-01
[Signature]

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.

SIGNATURE: SIGNATURE REQUIRED 9/12/01 305-662-1661

CR2E034 (5/00)