

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 175829**

1. Entity Name

S & H RIVIERA COMPANY, INC.**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90168 046 ***150.00

Principal Place of Business

Mailing Address

WILLIAM O HACKER
5100 RIVIERA DR
CORAL GABLES FL 33146**WILLIAM O HACKER**
5100 RIVIERA DR
CORAL GABLES FLA 33146-2739

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

59-0712186

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HACKER, WILLIAM O
5100 RIVIERA DR
CORAL GABLES FL 33146

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	TVD									
	HACKER, ALICE									
	11245 SW 57TH CT									
	MIAMI, FL 00000									
	PD									
	HACKER, WILLIAM O.									
	11245 SW 57TH CT									
	MIAMI FL									
	VD									
	VOGT, LINDA									
	4 HOLLY KNOLL									
	ARMONK NY									

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William O. Hacker **WILLIAM O. HACKER - 4/21/2000 - 305-665-3528**