

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90167 033 \*\*\*150.00

**DOCUMENT # 191978**

1. Entity Name  
**RIVIERA ENTERPRISES, INC.**



Principal Place of Business  
**3706-G N. ROOSEVELT BLVD**  
**P.O. BOX 2455**  
**KEY WEST FL 33040-4566**

Mailing Address  
**3706-G N. ROOSEVELT BLVD**  
**P.O. BOX 2455**  
**KEY WEST FL 33040-4566**



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 **13-2524843**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**BERNSTEIN, ROGER M**  
**69 MERRICK WAY #201**  
**CORAL GABLES FL 33134**

## 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. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNSTEIN, MIRIAM	
STREET ADDRESS	1-12 AVE	
CITY-ST-ZIP	STOCK ISLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERNSTEIN, ROGER	
STREET ADDRESS	1-12 AVE	
CITY-ST-ZIP	STOCK ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, JORDAN	
STREET ADDRESS	679 PEACHTREE LANE	
CITY-ST-ZIP	FRANKLIN LAKES NJ	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PITA, DINORA	
STREET ADDRESS	3706-G N. ROOSEVELET BLV	
CITY-ST-ZIP	KEY WEST FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'CONNELL, BARBARA S	
STREET ADDRESS	69 MERRICK WAY, #201	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:**

**SIGNATURE REQUIRED**

4/9/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)