

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 08:00 AM
Secretary of State

DOCUMENT # 351241

1. Entity Name
RIVIERA LAND CORP.

Principal Place of Business 700 NW 107TH AVENUE MIAMI FL 33172	Mailing Address 700 NW 107TH AVENUE MIAMI FL 33172
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2. Principal Place of Business 700 NW 107TH AVENUE	3. Mailing Address 700 NW 107TH AVENUE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL
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4. FEI Number 59-1281470	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33172	Country US	Zip 33172	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCCAIN, DAVID B., ESQ.
 700 NW 107TH AVENUE
 4TH FLOOR
 MIAMI FL 33172 US

7. Name and Address of New Registered Agent

Name
MCCAIN DAVID BESQ.

Street Address (P.O. Box Number is Not Acceptable)
 700 NW 107TH AVENUE

4TH FLOOR

City
MIAMI FL Zip Code
 33172

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 **DAVID B. MCCAIN**

01/23/2001

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, 2001 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete	
NAME	MILLER STUART A.		
STREET ADDRESS	700 N.W. 107TH AVENUE		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	V	<input type="checkbox"/> Delete	
NAME	MARSHALL AMES		
STREET ADDRESS	700 N.W. 107TH AVE.		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	CD	<input type="checkbox"/> Delete	
NAME	MILLER, LEONARD		
STREET ADDRESS	700 N.W. 107TH AVE.		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	T	<input type="checkbox"/> Delete	
NAME	MALCOLM WAYNEWRIGHT		
STREET ADDRESS	700 N.W. 107TH AVE.		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	VS	<input type="checkbox"/> Delete	
NAME	MCCAIN DAVID B		
STREET ADDRESS	700 N.W. 107TH AVE.		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	PEKOR ALLAN J.		
STREET ADDRESS	700 N.W. 107TH AVE		
CITY-ST-ZIP	MIAMI FL 33172		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER STUART A		
STREET ADDRESS	700 N.W. 107TH AVENUE		
CITY-ST-ZIP	MIAMI FL 33172		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER LEONARD		
STREET ADDRESS	700 N.W. 107TH AVE.		
CITY-ST-ZIP	MIAMI FL 33172		
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEKOR ALLAN J		
STREET ADDRESS	730 N.W. 107TH AVE		
CITY-ST-ZIP	MIAMI FL 33172		

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: **David B. McCain**

VS **01/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)