## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # 710349 1. Entity Name THE RIVIERA CONDOMINIUM APARTMENTS, INC. 04-24-2001 90064 028 \*\*\*\*61.25 Principal Place of Business Mailing Address 1150 N.E. 191ST STREET 1150 N.E. 191ST STREET BUILDING C BUILDING C NORTH MIAMI BEACH FL 33179-1033 NORTH MIAMI BEACH FL 33179-1033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1146046 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name Sandra Roker Street Address (P.O. Box Number is Not Acceptable) ADAMS, VERONICA 1150 NE 191 ST 1150 NE 191 St. 2ND Floor Capri Room 2ND FLOOR CAPRI ROOM North Miami Beach, Zig Code 33179 NO. MIAMI BEACH FL 33179 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 Sandra Roker Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD PO ☐ Addition TO Delete TITLE TITLE PN NAME NAME CORTEZ, LOUIS ROKER, SANDRA STREET ADDRESS STREET ADDRESS 1000 N.E 191 ST. #F15 1000 NE 191 St. #F-32 CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33179 N MIAMI BEACH FL:33179 Delete TITLE ☐ Change Addition VD VD. TITLE NAME HANDLER, NANCY 1000 NE 191 St. #F-34 NAME CORTEZ, LOUIS STREET ADDRESS STREET ADDRESS 1000 NE 191TH ST #F15 CITY-ST-ZIP CITY-ST-ZIP N\_MIAMI#BEACH\_FL 33179 ----N-MIAMI-BEACH FL:33179-☐ Change Addition TITI F TITLE TD Delete M NAME NAME ROKER, SANDRA SEYMOUR, SORIN STREET ADDRESS STREET ADDRESS 1000 N.E. 191 ST #F34 1170 NE 191 St. #A-32 CITY-ST-ZIP CITY-ST-ZIE NORTH MIAMI BEACH FL 33179 N MTAMT REACH FL 33179 TITLE ☐ Delete TITLE ☐ Change Addition SD ROKER, SANDRA NAME NAME WOOD, JAMES STREET ADDRESS STREET ADDRESS 1000 NE 191 ST #F32 1100 NE 191 St. #E-25 CITY-ST-ZIE CITY-ST-ZIP N MIAMI BEACH FL 33179 N MIAMI BEACH FL 33179 TITLE Delete Addition TITLE ☐ Change FLOR, MENACHEM NAME NAME PATRICK, MICHAEL STREET ADDRESS STREET ADDRESS 1160 N.E. 191 ST. #B36 1140 NE 191 St. #D-16 CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL 33179 N MIAMI BEACH FL 33179 TITLE T Delete TITLE Addition ☐ Change DD NAME L'HOUTELLIER, TEDDY NAME GORIN, MARTIN STREET ADDRESS STREET ADDRESS 1150 N.E. 191 ST. #B38 1140 NE 191 St. #D-32 CITY-ST-ZIP CITY-ST-ZIP N MIAMI\_BEACH FL 33179 N MIAMI BEACH FL 33179

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a yaddress, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

101 305 949-328 Davine Phone #