

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90090 016 ****61.25

DOCUMENT # 710349

1. Entity Name

THE RIVIERA CONDOMINIUM APARTMENTS, INC.



Principal Place of Business

1150 N.E. 191ST STREET
BUILDING C
NORTH MIAMI BEACH FL 33179-1033

Mailing Address

1150 N.E. 191ST STREET
BUILDING C
NORTH MIAMI BEACH FL 33179-1033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1146046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROKER, SANDRA
1150 NE 191 ST
2ND FLOOR CAPRI ROOM
NO. MIAMI BEACH FL 33179

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

Nelly Yefet

(NOTE: Registered Agent signature required when reinstating)

3/25/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	YEFET, NELLY	
STREET ADDRESS	1170 NE 191ST. #A-43	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PADRON, FANNIE	
STREET ADDRESS	1100 NE 191 ST #E-32	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROKER, SANDRA	
STREET ADDRESS	1000 NE 191 ST. #F-32	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	GORIN, MARTIN	
STREET ADDRESS	1140 NE 191 ST. #D-32	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OPPER, HEIDI	
STREET ADDRESS	1150 NE 191 ST #C-35	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	DD	<input type="checkbox"/> Delete
NAME	GOLDEN, BETTY	
STREET ADDRESS	1000 NE 191 ST. #F-11	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelly Yefet	
STREET ADDRESS	1170 NE 191st. #A-43	
CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beatrice Stanford	
STREET ADDRESS	1160 NE 191 St. #B-21	
CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra Roker	
STREET ADDRESS	1000 NE 191 St. #F-32	
CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heidi Oppen	
STREET ADDRESS	1150 NE 191 St. #C-35	
CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	DD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Colier	
STREET ADDRESS	1000 NE 191 St. #F-11	
CITY-ST-ZIP	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 an address, with all other like empowered.

SIGNATURE:

Nelly Yefet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

Date

Daytime Phone #