

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003672 AF

DOCUMENT # **A96000000681**

1. Entity Name

**RIVERMONT HOUSE, LTD.**

**FILED**

**01 FEB 19 PM 12:02**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**200 SE 1ST STREET  
SUITE 704  
MIAMI FL 33131**

**200 SE 1ST STREET  
SUITE 704  
MIAMI FL 33131**

2. Principal Place of Business

**155 SOUTH MIAMI AVENUE**

3. Mailing Address

**SUITE 1150**

Suite, Apt. #, etc.

**MIAMI, FLORIDA**

City & State

**33130**

**MIAMI DADE**

Zip

Country

4. FEI Number

**65-0715425**

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

**CARRFOUR CORPORATION**

**200 SE 1ST STREET / 155 SOUTH MIAMI AVENUE  
SUITE 704 / SUITE 1150  
MIAMI FL 33131 / MIAMI FL 33130**

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. Capital Contributions  
as Shown on record.

**\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **N93000000642**  
NAME **CARRFOUR CORPROATION**  
STREET ADDRESS **200 SE 1ST STREET**  
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS **155 SOUTH MIAMI AVENUE. SUITE 1150**  
CITY-ST-ZIP **MIAMI, FLORIDA 33130**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**3000003745263--5**  
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**\*\*\*\*300.00 \*\*\*\*150.00**

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DOCUMENT #  
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STREET  
CITY-5

STREET ADDRESS  
CITY-ST-ZIP

I 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 on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/24/01**

Date

**305-371-8300**

Daytime Phone #

CR2E003 (11/00)