

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F99000004302

1. Entity Name

Rivertowne Holdings Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27600 Northwestern Hwy.

Suite, Apt. #, etc.

200

City & State

Southfield, MI

Zip

48034

Country

USA

3. Mailing Address

27600 Northwestern Hwy.

Suite, Apt. #, etc.

200

City & State

Southfield, MI

Zip

48034

Country

USA

REINSTATEMENT 02

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4073717

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

City

Plantation

FL

Zip Code
33324

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.

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/12/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Director, President
Dennis Gershenson
27600 Northwestern Hwy., Suite 200
Southfield, MI 48034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Richard Gershenson, VP/Director
27600 Northwestern Hwy., Suite 200
Southfield, MI 48034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secy/Treasurer/Director
Richard Smith
27600 Northwestern Hwy., Suite 200
Southfield, MI 48034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director
Mark A. Ferrucci
280 Park Avenue, 37th Floor
New York, NY 10017

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11/12/02-01111-016 **758.75

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dennis Gershenson, President

11/11/02 11: (248) 566-8510

Date

Daytime Phone #

CR2E034B (1/201)