

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005652

1. Entity Name
RIVERS EDGE II, INC.

FILED

01 MAR -5 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 3250 Mary Street, Suite 306
Miami, FL 33133
Mailing Address: Same as Principal Place of Business

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINSTATEMENT SPACE 0001

4. FEI Number Applied for 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

Paul Steinfurth
3250 Mary Street, Suite 306
Miami, FL 33133

Name
Lynn C. Washington
Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue, Suite 3000
City Miami FL Zip Code 33131

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 *Lynn C. Washington* Lynn C. Washington 2/15/01
(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME Paul Steinfurth
STREET ADDRESS 3250 Mary Street, Suite 306
CITY-ST-ZIP Miami, FL 33133

TITLE D Change Addition
NAME Barry Haiman
STREET ADDRESS 757 Arthur Godfrey Road
CITY-ST-ZIP Miami Beach, FL 33140

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
400003851504--1
-03/13/01--01120--009
****750.00 ****750.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
400003851504--1
-03/13/01--01120--010
****158.75 ****158.75

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
LS

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Barry Haiman* Barry Haiman, Director 2-15-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)