

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J02754

Entity Name

RIVERWOOD ENTERPRISES, INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90130 045 \*\*\*158.75

Principal Place of Business  
4850 N. STATE ROAD 7  
LAUDERDALE LAKES FL 33319  
US

Mailing Address  
4850 N. STATE ROAD 7  
LAUDERDALE LAKES FL 33319-5869  
US

B0007706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
351 N. STATE Rd 7  
Suite, Apt. #, etc. 300  
City & State Plantation FL  
Zip 33317 Country USA

3. Mailing Address  
351 N. STATE Rd 7  
Suite, Apt. #, etc. 300  
City & State Plantation FL  
Zip 33317 Country USA

4. FEI Number 59-2679650 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DUBOFF, STANLEY  
9825 W SAMPLE RD  
CORAL SPRINGS FL 33065

## 7. Name and Address of New Registered Agent

Name Judy Perlman  
Street Address (P.O. Box Number is Not Acceptable)  
351 N STATE Rd 7  
Suite 300  
City Plantation FL Zip Code 33317

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

*Judy Perlman*

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

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PERLIN, JUDY L	
STREET ADDRESS	7796 MANDARIN DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHLEIN, RALPH	
STREET ADDRESS	8791 HOLLY CT	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAZANO, CORY	
STREET ADDRESS	7796 MANDARIN DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALZANO, TARA	
STREET ADDRESS	7796 MANDARIN DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	7723 NW 78 Place	
STREET ADDRESS	Tamarac FL 33321	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	sect/Tres	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Judy Perlman* JUDY PERLIN pres.

Date

Daytime Phone #

1/18/00

954 792-1280

EX-221