

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J02754**

1. Entity Name

RIVERWOOD ENTERPRISES, INC.**FILED****Mar 23, 2001 8:00 am**
Secretary of State

03-23-2001 90008 009 ***158.75

Principal Place of Business

351 N STATE RD 7
PLATATION FL 33317
US

Mailing Address

351 N STATE RD 7
PLATATION FL 33317
US

2. Principal Place of Business

4850 NST Rd 7

Suite, Apt. #, etc.

118

City & State

Lauderdale Lakes FL

Zip

33319

Country

USA

3. Mailing Address

4850 N ST. Rd 7

Suite, Apt. #, etc.

118

City & State

Lauderdale Lakes FL

Zip

33319

Country

USA

DO NOT WRITE IN THIS SPACE

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
351 N STATE RD 7
SUITE 300
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name **Duboff Stanley**

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

4850 N ST Rd 7City **Lauderdale Lakes FL** Zip **33319**

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

3/19/019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	7723 NW 78 PL	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	ST	<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"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

954451V00

Daytime Phone #

CR2E034 (10/00)