

AMENDED
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K14431

1. Entity Name

RIVER MOTEL, INC.

FILED

01 AUG 31 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5960 N.W. 27th Avenue 5960 N.W. 27th Avenue
Miami, FL 33142 Miami, FL 33142

2. Principal Place of Business
5303 S.W. 202 Avenue
Suite, Apt. #, etc.

3. Mailing Address
5303 S.W. 202 Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number
65-0038514

Applied For
Not Applicable

Zip Country
33332 USA

Zip Country
33332 USA

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

DE LEON, RAUL
2700 N.W. 14th Avenue
Miami, FL 33142

Name HERNANDEZ, OSVALDO

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

5303 S.W. 202 Avenue

City FL Zip Code
Pembroke Pines 33332

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  OSVALDO HERNANDEZ 8/29/01

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

(NOTE: Registered Agent signature required when re-issuing)

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, 2001 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 PSD HERNANDEZ, MARIA ELENA ☐ Delete
NAME 1104 W. OKEECHOBEE RD.
STREET ADDRESS Hialeah, FL 33010
CITY-ST-ZIP

TITLE VPSD HERNANDEZ, MARIA ELENA ☒ Change ☐ Addition
NAME HERNANDEZ, MARIA ELENA
STREET ADDRESS 5303 S.W. 202 AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33332

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME HERNANDEZ, OSVALDO
STREET ADDRESS 5303 S.W. 202 AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33332

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 700004572317--1 ☐ Change ☐ Addition
NAME -09/06/01--01047--019
STREET ADDRESS *****61.25 *****61.25
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

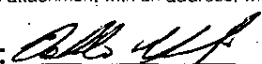
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:  OSVALDO HERNANDEZ 8/29/01 1-954-434-7625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Hours

CR25034 (11/00)