

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K28675

1. Entity Name

ADRIAN ART DECO RIVIERA HOTELS AND RESTAURANTS.

Principal Place of Business

1024 OCEAN DR.  
MIAMI BEACH FL 33139

Mailing Address

1024 OCEAN DR.  
MIAMI BEACH FL 33139-5014

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GREER, EVELYN LANGLIE PA  
2400 SOUTH DIXIE HWY.  
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name  
Jerrold Wish Greenberg Trauring  
Street Address (P.O. Box Number is Not Acceptable)  
1221 Brickell Avenue  
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 Jerrold Wish DATE 4/10/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	ALEXANDRU, ADRIAN DR	
STREET ADDRESS	689 86TH ST	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	PST	<input type="checkbox"/> Delete
NAME	ALEXANDRU, ADRIAN DR	
STREET ADDRESS	689 86TH ST	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Richard L. Layfield	
STREET ADDRESS	1052 Ocean Drive	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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

Richard Layfield  
President

4/10/00

Date

Daytime Phone #

3055325558

FILED  
Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90097 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)