

2002 UNIFORM BUSINESS REPORT (UBR)

\$ 50.00

00068003

DOCUMENT # **L000000005815**

1. Entity Name

RIVERWALK HOTELS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -8 PM 2: 12

5/24

Principal Place of Business

C/O STEVAN J. PARDO
100 S.E. 2ND ST., 27TH FLOOR
MIAMI FL 33131

Mailing Address

C/O STEVAN J. PARDO
100 S.E. 2ND ST., 27TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

2 South Biscayne Blvd
Suite 2475
Miami Fla

3. Mailing Address

2 South Biscayne Blvd
Suite 2475
Miami Fla

City & State

Miami Fla

City & State

Miami Fla

Zip 33131

Country

Zip 33131

Country

4. FEI Number

65-1012114 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Stevan J. Pardo C/o Pardo & Hainsburg LLP

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

2 South Biscayne Blvd Suite 2475

Miami Fla 33131

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

400005254364--8
-04/11/02--01058--009
*****250.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RIVERWALK SGB MANAGEMENT, INC.
100 S.E. 2ND ST., 27TH FLOOR
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2 South Biscayne Blvd Suite 2475
Miami Fla 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/01

(305)374-5418

Date

Daytime Phone #

CR2E083 (9/01)