

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009664 AF

DOCUMENT # L00000006740

1. Entity Name

RIVIERA LOAN GROUP, L.L.C.

FILED

01 APR 23 PM 5:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1320 S DIXIE HWY  
SUITE 781  
CORAL GABLES FL 33146

Mailing Address

1320 S DIXIE HWY  
SUITE 781  
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, GARY L ESQ  
BEDZOW KORN BROWN MILLER & ZEMEL PA  
20803 BISCAYNE BLVD SUITE 200  
AVENTURA FL 33180

Name GARY BROWN

Street Address (P.O. Box Number is Not Acceptable)  
4000 HOLLYWOOD BLVD.  
#265-SOUTH

City HOLLYWOOD

FL

Zip Code 33021

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 GARY BROWN

4/16/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME GREENWALD, SCOTT  
STREET ADDRESS 1320 S DIXIE HWY SUITE 781  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

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  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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: GARY BROWN

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

4/15/01

365  
6674256

Date

Daytime Phone #

CR2E083 (11/00)