

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90018 050 \*\*\*\*55.00

**DOCUMENT # L01000013114**

1. Entity Name

**RIVER PARK, L.C.**

Principal Place of Business

**C/O ROBERTA SEGAL**  
**STE. 405, 1065 NE 125TH ST.**  
**MIAMI FL 33161**

Mailing Address

**C/O ROBERTA SEGAL**  
**STE. 405, 1065 NE 125TH ST.**  
**MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1130658**

Applied For

Not Applicable

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

**SEGAL, ROBERTA**  
**STE. 405, 1065 NE 125TH ST.**  
**MIAMI FL 33161**

Name

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

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**SEGAL, ROBERTA - NGR**  
**1065 N.E. 125TH ST #405**  
**NORTH MIAMI FL 33161**

☐ Delete☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**CITY - ST - ZIP**

**SIGNATURE**

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

**1/11/02**

Date

**(305) 899-1065**

Daytime Phone #

CR2E083 (9/01)