

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L66848**

1. Entity Name

**RIVERPARK MANAGEMENT AND REALTY, INC.****FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90122 036 \*\*\*150.00

0277840

Principal Place of Business

Mailing Address

% LAWRENCE A. LEVINE  
4300 N UNIVERSITY DR SUITE A-106  
FT. LAUDERDALE FL 33351  
US% LAWRENCE A. LEVINE  
4300 N UNIVERSITY DR SUITE A-106  
FT. LAUDERDALE FL 33351  
US

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 **65-0192923**Applied For  
Not Applicable5. 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

LEVINE, LAWRENCE A.  
4300 N. UNIVERSITY DR.  
SUITE A-106  
FT. LAUDERDALE FL 33351

Name

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

City

**FL**

Zip Code

8. The above named entity is changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature

Date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its tangible  
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 **P** ☐ Delete  
NAME **LAWRENCE LEVINE**  
STREET ADDRESS **4300 N UNIVERSITY DR SUITE A-106**  
CITY-ST-ZIP **FT. LAUDERDALE FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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NAME  
STREET ADDRESS  
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CITY-ST-ZIPTITLE ☐ 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 supplementary 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 954-749-6705

CR2E034 (10/00)