

2001 UNIFORM BUSINESS REPORT (UBR)

0007214 AF

DOCUMENT # L99000007894

1. Entity Name

THE RIVER HOUSE GROUP L.C.

Principal Place of Business

6451 MCKINLEY STREET
HOLLYWOOD FL 33024

Mailing Address

6451 MCKINLEY STREET
HOLLYWOOD FL 33024

2. Principal Place of Business

17225 NW 7 ST.

3. Mailing Address

17225 NW 7 ST.

Suite, Apt., etc.

Suite, Apt., etc.

City & State

Pembroke Pines FL

City & State

Pembroke Pines, FL

Zip
33029

Country

Broward

Zip
33029

Country

Broward

6. Name and Address of Current Registered Agent

CASSARINO, JOHN S
6451 MCKINLEY STREET
HOLLYWOOD FL 33024

4. FEI Number

65-0966476

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

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

John S. Cassarino

1/27/01

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

8000003662568-1
-02/08/01--01120--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CASSARINO, JOHN S
6451 MCKINLEY STREET
HOLLYWOOD FL 33024 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
John Cassarino
17225 NW 7 Street
Pembroke Pines, FL 33029 ☒ Change ☐ Addition

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

John S. Cassarino

1/27/01

(954)41-6937

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

Date

Daytime Phone #

CR2E083 (11/00)

APPROVED
AND
FILED
01 FEB -2 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE