

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 JUL 25 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000008282

1. Entity Name

RIVER OAKS LLC

Principal Place of Business

800 BRICKELL AVENUE, SUITE 201
MIAMI FL 33131

Mailing Address

800 BRICKELL AVENUE, SUITE 201
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

650964178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAZOOK, RICHARD J
THOMSON MURARO, RAZOOK & HART, P.A.
ONE SOUTHEAST THIRD AVENUE, SUITE 1700
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

J. KEVIN REILLY

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

800 BRICKELL AVENUE, SUITE 201

City

MIAMI

FL

Zip Code

33131

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

7/13/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEMBERS

J. KEVIN REILLY
800 BRICKELL AVE #201
MIAMI FL 33131

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEMBER

VICTOR REICHENSTEIN
800 BRICKELL AVE #201
MIAMI FL 33131

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800003343158-8

-08/02/00-01009-019

*****50.00 *****50.00

☐ Change

☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

☐ Addition

TITLE
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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 OR MANAGER

7/13/00

Date

305 379 0600

Daytime Phone #

CR2E083 (5/00)