## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0100006976

1. Entity Name

## RIVIERA NEIGHBORHOOD ASSOCIATION, INC.



FILED
May 01, 2003 8:00 am §
Secretary of State

05-01-2003 90774 032 \*\*\*\*61.25

				1	WE TELE					
Principal Place of Business 3835 UTOPIA COURT CCOCONUT GROVE FL 33133		Mailing Address P.O BOX 430825 SOUTH MIAMI FL 33243-0825			. 12811 <b>48</b> 211 <b>88</b> 111 <b>88</b> 111	AA(i) saut	1 <b>8</b> 141 <b>8</b> 1 <b>8</b> 141 191	<b>818 B</b> LIF 1881		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		<del></del>	4. FEI Number 65-1148228			<u> </u>	oplied For ot Applicable	
Zip	Zip Country		Zip	Zip Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current Registe			Registered Agent			7. Name and Addre	ss of New Regis	tered A	jent	
				Name						
GIBBS, W. TUCKER 3835 UTOPIA CT.				Street Address (P.O. Box Number is			ot Acceptable)			
COCONUT GROVE FL 33133				City			. <del></del>	FL	Zip Code	e
• The chave	named entity	v ou homits this statement for	r the purpose of changing its	registered office	or rogistor	rad agent, or both, in th	o State of Florida		milior with	and accept
the obligat	tions of regist		r the purpose of changing is	registered office	or register	ed agent, or both, in tr	ie State of Florida.	. ram ra	munar with,	and accept
SIGNATURE .		or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent sign	ature required	d when reinstating)	·	DATE		
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			Payable nent of S	
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<u>, ,</u>		· · · · · · · · · · · · · · · · · · ·								·
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	MORTENS	ON, BLANCHE		11.				ND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS	MORTENS 1325 SAN	ON, BLANCHE IGNACIO AVENUE		11.				ND DIRE	CTORS IN	10
TITLE NAME	MORTENS 1325 SAN CORAL GA	ON, BLANCHE		11. TITLE NAME				ND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS	MORTENS 1325 SAN	ON, BLANCHE IGNACIO AVENUE		11. TITLE NAME STREET ADDRESS				ND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORTENS 1325 SAN CORAL GA	ON, BLANCHE IGNACIO AVENUE ABLES FL 33146	□ Delete	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP				ND DIRE	CTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MORTENS 1325 SAN CORAL GA SD	ON, BLANCHE IGNACIO AVENUE ABLES FL 33146	□ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				ND DIRE	CTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MORTENS 1325 SAN CORAL GA SD WRIGHT, A 6630 TARF CORAL GA	ON, BLANCHE IGNACIO AVENUE ABLES FL 33146 ANNETTE REGA ST. ABLES FL 33146	□ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				ND DIRE	CTORS IN	10 Addition
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12. I hereby certify that the information supplied with this filling 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 supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305 646 7271