2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90029 018 ****70.00

DOCUMENT # N32722

1. Entity Name

RIVERSIDE 105 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2107 N.E. 56TH PLACE FT. LAUDERDALE FL 33308	2107 N.E. 56TH PLACE FT. LAUDERDALE FL 33308-2504

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3700 GALT OCEAN DR.	c/o PETER CINELLI, MD
Suite, Apt. #, etc. #1715	Suite, Apt. #, etc. 303 EAST 57TH ST #8F
City & State FT LAUDERDALE	City & State NEW YORK, NY
Zip 33308 Country USA	Zip 10022 Country USA

4. FEI Number 65-0187128 ☐ Applied For ☐ Not Applicable

5. 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
PETRECCIA BERNARD P 2107 N. E. 56TH PLACE 2881 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33308	Name PETER B. CINELLI, MD Street Address (P.O. Box Number is Not Acceptable) 3700 GALT OCEAN DRIVE #1715 City FT. LAUDERDALE, FL State FL Zip Code 33308

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 Peter B Cinelli MD 1/20/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PETRECCIA, BERNARD P 2107 N. E. 56TH PLACE FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CINELLI, PETER 303 EAST 57TH ST #8F NEW YORK, NY 10022	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST PETRECCIA, RITA 2107 N. E. 56TH PLACE FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSD LI PUMA, MICHAEL 303 E 57TH ST #8F NY, NY 10022	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PETRECCIA, LISA 2107 NE 56TH PL FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROSSELLI, CAROL 224-64 77TH AVE BAYSIDE, NY 11364	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Peter B Cinelli MD 1/20/00 212-688-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #