2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State
01-23-2001 90051 011 ****61.25

DOCUMENT # N32722

1. Entity Name

RIVERSIDE 105 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4100 GALT Ocean Drive #142 ~~3700 GALT OCEAN DR~~ ~~#1715~~ FT. LAUDERDALE FL 33308	C/O PETER CINELLI MD 303 E. 57TH ST #8F NEW YORK NY 10022

901740

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Cinelli Family Ltd Suite, Apt. #, etc.	1149 Park Ave Suite, Apt. #, etc.
City & State: New York	City & State: NY 10128
Zip: 10128 Country:	Zip: Country:

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
CINELL, PETER B M.D. 3700 GALT OCEAN DR #1715 FT. LAUDERDALE FL 33308	Name: PETER CINELLI, M.D. Street Address (P.O. Box Number is Not Acceptable): 4100 GALT OCEAN DR #142 City: FT. LAUDERDALE 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: LEILA ANDERSON, ESQ 1/24/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $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 CINELLI, PETER 303 E. 57TH ST #8F NEW YORK NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSD LIPUMA, MICHAEL 303 E. 57TH ST #8F NEW YORK NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROSSELLI, CAROL 224-64 77TH AVE BAYSIDE NY 11364	☐ 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
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CR2E037 (10/00)

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: SIGNATURE REQUIRED 1/24/01 212-888-1918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #