

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90175 025 \*\*\*150.00

**A0064726**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT</b> P00000015848			
1. Entity Name <b>ROYAL RIVIERA CORP.</b>			
Principal Place of Business 1001 N. Federal Hwy Suite 205 Hallandale, FL 33009		Mailing Address 1001 N. Federal Hwy Suite 205 Hallandale, FL 33009	
2. Principal Place of Business 1001 N. Federal Highway Suite, Apt. #, etc. <b>Suite 202</b> City & State <b>Hallandale, FL</b> Zip <b>33009</b>		3. Mailing Address 1001 N. Federal Highway Suite, Apt. #, etc. <b>Suite 202</b> City & State <b>Hallandale, FL</b> Zip <b>33009</b> Country <b>US</b>	
4. FEI Number <b>65-0981313</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LEDUC, REJEAN</b> <b>1001 N FEDERAL HWY, STE 205</b> <b>HALLANDALE FL 33009</b>		7. Name and Address of New Registered Agent Name <b>LEDUC, REJEAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1001 N. FEDERAL HIGHWAY</b> <b>SUITE 202</b> City <b>HALLANDALE</b> <b>FL</b> Zip Code <b>33009</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PICHON, JEAN-PIERRE 670 AVENUE DE CANNES 06220 VALLAURIS OC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOGNAC, MICHEL 670 AVENUE DE CANNES 06220 VALLAURIS OC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		JEAN-PIERRE PICHON 04/20/2001	

CR2E034 (10/00)