

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-20-2002 90052 048 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000020329

1. Entity Name
SOUTH RIVIERA INVESTMENTS, INC.

Principal Place of Business
**660 S.W. 123 AVENUE
MIAMI FL 33184**

Mailing Address
**660 S.W. 123 AVENUE
MIAMI FL 33184**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number APPLIED FOR		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DIAZ, RUBEN				Name			
660 S.W. 123 AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33184				City FL Zip Code			

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, RUBEN 660 S.W. 123 AVENUE MIAMI FL 33184	<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	D DIAZ, AMPARO 660 S.W. 123 AVENUE MIAMI FL 33184	<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
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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: Ruben Diaz **SIGNATURE REQUIRED** 4-24-02 7862249670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment 36378
 P00000020329

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

(Rev. April 2000)
 Department of the Treasury
 Internal Revenue Service

EIN _____
 OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
SOUTH RIVIERA INVESTMENTS INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
660 S.W. 123RD AVE

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
MIAMI FL 33184

5b City, state, and ZIP code

6 County and state where principal business is located
DADE FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶
RUBEN DIAZ SSN 594-18-1935

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN) _____
- Partnership Personal service corp.
- REMIC National Guard
- State/local government Farmers' cooperative
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)
- Other (specify) ▶ _____
- Estate (SSN of decedent) _____
- Plan administrator (SSN) _____
- Other corporation (specify) ▶ "SUB S"
- Trust
- Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated State _____ Foreign country _____

9 Reason for applying (Check only one box.) (see instructions)

- Started new business (specify type) ▶ REAL ESTATE INV -
- Banking purpose (specify purpose) ▶ _____
- Changed type of organization (specify new type) ▶ _____
- Purchased going business
- Created a trust (specify type) ▶ _____
- Other (specify) ▶ _____
- Hired employees (Check the box and see line 12.)
- Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions) FEB-01

11 Closing month of accounting year (see instructions) DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) UNKNOWN

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) UNKNOWN

Nonagricultural Agricultural Household

14 Principal activity (see instructions) ▶ REAL ESTATE DEVELOP

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used Yes No

16 To whom are most of the products or services sold? Please check one box. Public (retail) Other (specify) ▶ _____ Business (wholesale) N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. Yes No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
 Legal name ▶ _____ Trade name ▶ _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
 Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ RUBEN DIAZ JR PRESIDENT

Business telephone number (include area code) (786) 293-2001

Fax telephone number (include area code) _____

Signature ▶ [Signature] Date ▶ 3/15/02

Note: Do not write below this line. For official use only.

Please leave blank ▶ Gen. Ind. Class Size Reason for applying