

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 900000049106

1. Entity Name

Rivar Technologies, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

100 N. Tampa Street

Suite, Apt. #, etc.
Suite 2700

City & State
Tampa, Florida

Zip
33602

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3646482

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Bruce M. Rodgers, Esq.
100 N. Tampa Street
Suite 2700
Tampa, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

[Signature]

Bruce M. Rodgers

10/25/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be: \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President, CEO Delete
NAME: Gene Savar
STREET ADDRESS: 100 N. Tampa Street, Suite 2700
CITY-ST-ZIP: Tampa, FL 33602

TITLE: Chief Technology Officer Delete
NAME: Vincent Risalvato
STREET ADDRESS: 100 N. Tampa Street, Suite 2700
CITY-ST-ZIP: Tampa, FL 33602

TITLE: Secretary, General Counsel Delete
NAME: Bruce M. Rodgers, Esq.
STREET ADDRESS: 100 N. Tampa Street, Suite 2700
CITY-ST-ZIP: Tampa, FL 33602

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
NAME: 000004737890
STREET ADDRESS: -12/26/01--01018--016
CITY-ST-ZIP: ***758.75 ***758.75

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change 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:

[Signature] Gene Savar

10/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 11 PM 3:16

CR2E034 (11/00)