

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90020 048 ***150.00

DOCUMENT # P00000051568

1. Entity Name
RIVIERA INTERNATIONAL INVESTMENTS, CORP.

Principal Place of Business

6114 N.W. 74TH AVENUE
MIAMI FL 33166

Mailing Address

6114 N.W. 74TH AVENUE
MIAMI FL 33166

2. Principal Place of Business

169 E FLAGLER ST.

3. Mailing Address

169 E FLAGLER ST.

Suite, Apt. #, etc.

1534 PMB 1187

Suite, Apt. #, etc.

1534 PMB 1187

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-1020017

Applied For

Not Applicable

Zip

Country

33131

USA

Zip

Country

33131

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, ARTURO

6114 N.W. 74TH AVENUE

MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

ALVAREZ, ARTURO

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

169 E Flagler st. SUIT 1534 PMB 1187

City

MIAMI

FL

Zip Code

33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-18-02

9. This corporation is eligible to satisfy its Intangible

***Tax filing requirement and elects to do so.**

(See criteria on back)

☐

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.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ARTURO	
STREET ADDRESS	6114 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEJIA, CLARA I	
STREET ADDRESS	6114 N.W. 74TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ARTURO	
STREET ADDRESS	169 E FLAGLER ST. SUIT 1534 PMB 1187	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIA, CLARA I	
STREET ADDRESS	169 E FLAGLER ST. SUIT 1534 PMB 1187	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-02

Date

Daytime Phone #

CR2E034 (9/01)