

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90178 038 ***150.00

DOCUMENT # P00000051568

1. Entity Name
RIVIERA INTERNATIONAL INVESTMENTS, CORP.



Principal Place of Business

**169 E FLAGLER ST
1534 PMB 1187
MIAMI FL 33131**

Mailing Address

**169 E FLAGLER ST
1534 PMB 1187
MIAMI FL 33131**

22005516



2. Principal Place of Business

**169 E FLAGLER ST
Suite, Apt. #, etc.
1534 PMB 1187**

3. Mailing Address

**169 E FLAGLER ST
Suite, Apt. #, etc.
1534 PMB 1187**

City & State

MIAMI - FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-1020017

Applied For

Not Applicable

Zip

33131

Country

Zip

33131

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ALVAREZ, ARTURO

**169 E FLAGLER ST STE 1534 PMB 1187
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

ALVAREZ, ARTURO

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

169 E FLAGLER ST STE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-03-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **ALVAREZ, ARTURO**
STREET ADDRESS **169 E FLAGLER ST STE 1534 PMB 1187**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VD** ☐ Delete
NAME **MEJIA, CLARA I**
STREET ADDRESS **169 E FLAGLER ST STE 1534 PMB 1187**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **ALVAREZ, ARTURO**
STREET ADDRESS **169 E FLAGLER ST STE 1534 PMB 1187**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VD** ☒ Change ☐ Addition
NAME **MEJIA, CLARA I**
STREET ADDRESS **169 E FLAGLER ST STE 1534 PMB 1187**
CITY-ST-ZIP **MIAMI FL 33131**

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

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

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

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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-03

Date

Daytime Phone #

0221850 AV

CR2E034 (10/02)