

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 05, 2002 8:00 am
Secretary of State

09-05-2002 90039 029 ***550.00

DOCUMENT # P01000017715

1. Entry Name

LA RIVE, INC.

DO NOT WRITE IN THIS SPACE

80135763

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2. Principal Place of Business

3201 West Griffin Road

Suite, Apt. #, etc.

Suite 106

City & State

Dania, FL 33312

Zip

33312

Country

USA

3. Mailing Address

3201 West Griffin Road

Suite, Apt. #, etc.

Suite 106

City & State

Dania, FL

Zip

33312

Country

USA

4. FEI Number

65-1078491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Norman S. Weinstein

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

411 NE 7th Avenue

City

Delray Beach

FL

Zip Code

33483

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Norman S. Weinstein
411 NE 7th Avenue
Delray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02 561-330-3662

Date

Daytime Phone #