

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002515

1. Entity Name
2401 RIVIERA CORP.

Principal Place of Business
2401 COLLINS AVENUE
MIAMI BEACH FL 33139

Mailing Address
P.O. BOX 970637
BOCA RATON FL 33497-0637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0396666

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERETZ, NURIT
18151 NE 31 COURT 211
AVENTURA FL 33181

7. Name and Address of New Registered Agent

Name SILVIA PERETZ
Street Address (P.O. Box Number is Not Acceptable)
c/o SIDNEY M. SCHUCHMAN, CPA
9045 LA FONTANA BLVD B-20
City BOCA RATON FL Zip Code 33434

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]

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	VP	<input type="checkbox"/> Delete
NAME	PERETZ, NURIT	
STREET ADDRESS	18151 NE 31 COURT PH 202	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	P	<input type="checkbox"/> Delete
NAME	PERETZ, SILVIA	
STREET ADDRESS	18151 NE 31 COURT PH 202	
CITY-ST-ZIP	AVENTURA FL 33160	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NURIT PERETZ	
STREET ADDRESS	c/o SIDNEY M. SCHUCHMAN CPA POB 970637	
CITY-ST-ZIP	BOCA RATON, FL 33497-0637	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVIA PERETZ	
STREET ADDRESS	c/o SIDNEY M. SCHUCHMAN CPA POB 970637	
CITY-ST-ZIP	BOCA RATON FL 33497-0637	
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: x

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SILVIA PERETZ

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90066 027 ***150.00

00000473



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)