

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90119 009 \*\*\*150.00

**DOCUMENT # P94000033576**

1. Entity Name

**RIVIERA, INC.**

Principal Place of Business

Mailing Address

**104 GRECO AVENUE**  
**104**  
**CABLES FL 33145**

**200 S BISCAYNE BLVD**  
**SUITE 4815**  
**MIAMI FL 33131-2303**  
**US**

2. Principal Place of Business

**4343 WEST FLAGLER STREET**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 505**

City & State

**AMT, FL33134**

Zip

Country

Zip

Country

4. FEI Number

**65-0506157**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SALUSSOLIA, PIERO**  
**200 S BISCAYNE BLVD**  
**SUITE 4815**  
**MIAMI FL 33131**

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

**PIERO SALUSSOLIA**

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/20/00**

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, 2000 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	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ZERBONE, ALESSANDRO</b>	
STREET ADDRESS	<b>330 GRECO AVE SUITE 104</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>FIAMBERTI, EUGENIO</b>	
STREET ADDRESS	<b>300 S POINTE DR, APT 3506</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DALLE MOLLE, ALDO</b>	
STREET ADDRESS	<b>300 S POINTE DR, APT 3506</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
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	<b>S/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZERBONE, ALESSANDRO</b>	
STREET ADDRESS	<b>4343 WEST FLAGLER ST SUITE 505</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33134</b>	
TITLE	<b>VP/T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIAMBERTI, EUGENIO</b>	
STREET ADDRESS	<b>300 S POINTE DRIVE, APT. 3506</b>	
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 373-7016**

CR2E034 (9/99)