

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033576

1. Entity Name
RIVIERA, INC.

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90079 017 ***150.00

Principal Place of Business

**4343 W FLAGLER ST
SUITE 505
MIAMI FL 33134
US**

Mailing Address

**200 S DISCAYNE BLVD
SUITE 4015
MIAMI FL 33134
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1548 BRICKELL AVE.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

4. FEI Number **65-0506157**

Applied For

Not Applicable

Zip

Country

Zip

Country

33129-1210

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALUSSOLIA, PIERO
200 S DISCAYNE BLVD
SUITE 4015
MIAMI FL 33134**

Name
SALUSSOLIA, PIERO

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

1548 BRICKELL AVE.

City
MIAMI

FL

Zip Code
33129-1210

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

PIERO SALUSSOLIA

04/26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Delete
NAME **ZERBONE, ALESSANDRO**
STREET ADDRESS **4343 W FLAGLER ST STE 505**
CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE **VT** ☐ Delete
NAME **FIAMBERTI, EUGENIO**
STREET ADDRESS **300 S POINTE DR APT 3506**
CITY-ST-ZIP **MIAMI FL 33139**

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

TITLE **P** ☐ Delete
NAME **DALLE MOLLE, ALDO**
STREET ADDRESS **300 S POINTE DR, APT 3506**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

ALESSANDRO ZERBONE

04/26/01 305-461-3244

Date

Daytime Phone #

CR2E034 (10/00)