2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000017880** May 19, 2000 8:00 am Secretary of State 1. Entity Name RIVIERA ENTERTAINMENT, INC. 05-19-2000 90824 001 ***300.00 Principal Place of Business Mailing Address 5226 N.E. 6TH AVENUE 5226 N.E. 6TH AVENUE OAKLAND PARK FL 33334-3360 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address 57 2921 2921 ERTH NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FF! Number 65-0563199 LAW DEND AL LAUDELDALE Not Applicable Country \$8.75 Additional 3 334 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GANNON MARCIA Street Address (P.O. Box Number is Not Acceptable) OLIVEIRA, CENIRA smeet 5226 N.E. 6TH AVENUE #33F OAKLAND PARK FL 33334 City LAUDEROALE this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or prig agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees B (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change **№** Addition TITI F Delete OLIVEIRA, CENIRA NAME NAME STREET ADDRESS STREET ADDRESS 5226 NE 6TH AVENUE, #33F CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33374 AUDERBALE ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tlustee 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: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR