

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90751 001 ***300.00

4673

DO NOT WRITE IN THIS SPACE

DOCUMENT # 195000017880 ✓
1. Entity Name Riviera ENTERTAINMENT, INC

Principal Place of Business **Mailing Address**

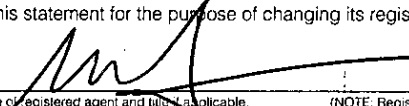
2. Principal Place of Business 2921 NW 68th ST.
 Suite, Apt. #, etc.
3. Mailing Address 1810 SHAWL DRIVE
 Suite, Apt. #, etc.

City & State Ft. Lauderdale FL **City & State** DEERFIELD BEACH FL
Zip 33334 **Country** **Zip** 33442 **Country**

4. FE Number 65-0563199 **Applied For**
 Not Applicable
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
Name OLIVEIRA, CENIRA
Street Address (P.O. Box Number is Not Acceptable) 2921 NW 68th ST.
City Ft. Lauderdale **FL** **Zip Code** 33334

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  **DATE** 4/20/01
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☒ Change ☒ Addition
NAME		NAME	P. S. UPT
STREET ADDRESS		STREET ADDRESS	OLIVEIRA, CENIRA
CITY-ST-ZIP		CITY-ST-ZIP	2921 NW 68th ST Ft Lauderdale FL 33334
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 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:  **DATE** 4/20/01 **Daytime Phone #**

CR2E034 (11/00)