

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90556 001 ***450.00

DOCUMENT # P95000017880

1. Entity Name

RIVERA ENTERTAINMENT, INC.

Principal Place of Business

**2921 NW 68TH ST
 FORT LAUDERDALE FL 33324**

Mailing Address

**1810 SABEL DRIVE
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

PO Box 5032

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deerfield bch

Zip

Country

Zip

Country

33442

USA

4. FEI 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

OLIVEIRA, CENIRA

2921 NW 68TH ST

FORT LAUDERDALE FL 33334

Name

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

5226 N.E 6TH AVE

Suite 33F

City

FORT LAUD OAKLAND PARK 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-30-02

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, 2002 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **OLIVEIRA, CENIRA**
 CITY-ST-ZIP **2921 NW 68TH ST
 FORT LAUDERDALE FL 33324**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-02

Date

Daytime Phone #

CR2E034 (9/01)