2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90148 043 ***150.00

DOCUMENT # P95000073283

1. Entity Name
WILLIAMS RIVIERA CORP.

Principal Place of Business	Mailing Address
SHAPO, FREEDMAN & BLOOM 200 S BISCAYNE STE 4750 MIAMI FL 33131 US	LOEB, BLOCK & PARTNERS, LLP 505 PARK AVE 9TH FLOOR NEW YORK NY 10022-1106 US

2. Principal Place of Business	3. Mailing Address
LEONARD BLOOM PA	
Suite, Apt. #, etc. 201 S. Biscayne Blvd Ste: 3000	Suite, Apt. #, etc.
City & State Miami, Florida	City & State
Zip 33131 / Country U.S.A.	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0622557 — 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
SOUTH FLORIDA RESIDENT AGENTS INC. FIRST UNION FINANCIAL CENTER 200 S BISCAYNE BLVD STE 4750 MIAMI FL 33131	Name: B&C CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 201 S. BISCAYNE BLVD. STE. 3000 City: MIAMI FL Zip Code: 33131

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: Ana M. Salgado Vice President 4/26/2000
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, 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: DPS ☐ Delete NAME: BLOOM, LEONARD H STREET ADDRESS: 200 S BISCAYNE BLVD STE 4750 CITY-ST-ZIP: MIAMI FL 33131	TITLE: DPS ☒ Change ☒ Addition NAME: LEONARD BLOOM STREET ADDRESS: 201 S. BISCAYNE BLVD. STE. 3000 CITY-ST-ZIP: MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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 SUPPLIED 4/26/00 | 305-373-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Leonard H. Bloom — Date — Daytime Phone #

CR2E034 (9/99)