

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90334 040 ***150.00

DOCUMENT # P96000004072

1. Entity Name
RIVERVIEW PROPERTIES, INC.

Principal Place of Business Mailing Address
2200 NW 12 AVE 920 S.W. 11 AVE
MIAMI FL 33127 MIAMI FL 33130

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0645195** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELIPE, RAMONA
2200 NW 12 AVE
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE ☐ Delete
NAME **D FELIPE, SERGIO**
STREET ADDRESS **2200 NW 12 AVE**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
STREET ADDRESS
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 07/16/02 Daytime Phone #

CR2E034 (4/02)

Miami 07/16/02

Riverview Properties Inc
920 SW 11 Ave
Miami, FL 33130

Attachment

96 00004571

Fl Department of State
Division of Corporation

Enclosed is the yearly fee of \$150.00. I contacted your office on 7/15/02 upon receiving a late notification and explained by phone that I never received a regular statement or notice to pay. This is the first time since my last payment in 2001 that I receive notice from your office.

I was told to include my usual fee for \$150.00 attached to the form. Please let me know if you need further information.

Sincerely,

Sergio Felipe
President