

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90108 009 ***150.00

00000000



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000027837

1. Entity Name
RIVERWALK AT SUNRISE, INC.

Principal Place of Business 7975 NW 154TH ST SUITE 400 MIAMI LAKES FL 33016	Mailing Address 7975 NW 154TH ST SUITE 400 MIAMI LAKES FL 33016-5849
--	---

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 65-0664816	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent
HODKIN, PETER M
2101 W COMMERCIAL BLVD SUITE 4100
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable) One East Broward Blvd.	
Suite 1501	
City Ft. Lauderdale	FL Zip Code 33301

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 _____ (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

TITLE DS	<input type="checkbox"/> Delete
NAME MJARES, ANTHONY JR	
STREET ADDRESS 7975 NW 154TH ST SUITE 400	
CITY-ST-ZIP MIAMI LAKES FL 33016	
TITLE DP	<input type="checkbox"/> Delete
NAME CARDOSO, SILVIO A	
STREET ADDRESS 7975 NW 154TH ST SUITE 400	
CITY-ST-ZIP MIAMI LAKES FL 33016	
TITLE V	<input type="checkbox"/> Delete
NAME BRIELE, ROBERT	
STREET ADDRESS 7975 NW 154TH ST. S-400	
CITY-ST-ZIP MIAMI LAKES FL 33016	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Briele **3/1/00** **305-558-2600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)