

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051686

1. Entity Name

POTAMKIN FINANCE - RIVERA, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90138 050 ***150.00

Principal Place of Business

Mailing Address

4675 S.W. 74TH ST.
MIAMI FL 33143

4675 S.W. 74TH ST.
MIAMI FL 33134-5418

2. Principal Place of Business

3. Mailing Address

2333 PONCE DE LEON BLVD

2333 PONCE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 600

SUITE 600

City & State

City & State

CORAL GABLES FL

CORAL GABLES FL

Zip

Country

Zip

Country

33134

USA

33134

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0677137

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

PATHMAN, WAYNE M
ONE BISCAYNE TOWER, SUITE 3660
2 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

Name

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

ONE BISCAYNE TOWER SUITE 2400

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.

SIGNATURE

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 ☐ Delete
NAME D
STREET ADDRESS POTAMKIN, ROBERT M
CITY-ST-ZIP 4675 S.W. 74TH ST.
MIAMI FL 33143

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

TITLE ☐ Delete
NAME D
STREET ADDRESS POTAMKIN, ALAN H
CITY-ST-ZIP 4675 S.W. 74TH ST.
MIAMI FL 33143

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

TITLE ☐ Delete
NAME D
STREET ADDRESS RIVERA, AURELIO
CITY-ST-ZIP 4675 S.W. 74TH ST.
MIAMI FL 33143

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 ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99