

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000088505**

Entity Name

RIVERTOWNE SQUARE ASSOCIATES, INC.**FILED****Apr 27, 2000 8:00 am**
Secretary of State

04-27-2000 90079 048 ***150.00

Principal Place of Business

SILVERMAN ORGANIZATION, INC.
3612 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442

Mailing Address

%THE SILVERMAN ORGANIZATION, INC.
3612 W HILLSBORO BLVD
DEERFIELD BEACH FL 33442-0405

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0708462

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MCABA REAL ESTATE, INC**
3612 W. HILLSBORO BLVD
DEERFIELD BCH FL 33442**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**OFFICERS AND DIRECTORS****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD SILVERMAN, JONATHAN 3612 W HILLSBORO BLVD DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
VD SILVERMAN, BENEDICT 51 SHERMAN HILL RD, SUITE A-104C WOODBURY CT 06798 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
S ALONSO, STEPHEN M 3612 W. HILLSBORO BLVD DEERFIELD BCH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 #