

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027603

1. Entity Name

THE RIVERS GROUP CORP.

**FILED**  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 90399 044 \*\*\*158.75

012237

Principal Place of Business

2250 N.W. 170 STREET  
MIAMI FL 33056

Mailing Address

2250 N.W. 170 STREET  
MIAMI FL 33056

657106

2. Principal Place of Business

1740 N.W. 187<sup>th</sup> Terrace

3. Mailing Address

1740 N.W. 187<sup>th</sup> Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL.

City & State

Miami, FL.

4. FEI Number

65-0742129

Applied For

Not Applicable

Zip

33056

Country

USA

Zip

33056

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIVERS, SANDRELL  
2250 N.W. 170 STREET  
MIAMI FL 33056

7. Name and Address of New Registered Agent

Name

SANDRELL RIVERS

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

1740 N.W. 187<sup>th</sup> Terrace

City

Miami

FL

Zip Code

33056

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

*Sandrell Rivers*  
Signature, typed or printed name of registered agent and title if applicable.

SANDRELL RIVERS, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/30/01  
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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS RIVERS, SANDRELL  
CITY-ST-ZIP 2250 N.W. 170 STREET  
MIAMI FL 33056

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 D  
STREET ADDRESS RIVERS, SANDRELL  
CITY-ST-ZIP 1740 N.W. 187<sup>th</sup> Terrace  
MIAMI, FL. 33056

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

TITLE ☐ Change ☐ Addition  
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:

*Sandrell Rivers* - SANDRELL RIVERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

305-636-2350

Daytime Phone #

CR2E034 (10/00)