

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90005 035 ***150.00

DOCUMENT # P97000049853

1. Entity Name

ROSCOE & BERNIE'S RIVERWALK, INC.

Principal Place of Business

300 SW 1 STREET AVENUE
W139
FT LAUDERDALE FL 33301
US

Mailing Address

18778 NE 29 AVENUE
AVENTURA FL 33280-0406
US

2. Principal Place of Business

3. Mailing Address

PO Box 800-406

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA, FL

Zip

Country

33280

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0775893

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

SYNALOVSKI, ELIAS
18778 NE 29 AVENUE
AVENTURA FL 33180

Name

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

2742 BISCAYNE BLVD

City

MIAMI

FL

Zip Code

33137

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 not applicable

DATE

4/10/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SYNALOVSKI, ELIAS
20281 E COUNTRY CLUB DRIVE 204
AVENTURA FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2742 BISCAYNE BLVD
MIAMI, FL 33137

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROIDE, BERNARD
5689 OAKMONT AVENUE
HOLLYWOOD FL 33312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2742 BISCAYNE BLVD
MIAMI, FL 33137

☐ Change

☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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

ELIAS SYNALOVSKI

Date

Daytime Phone #

4/10/00 (305) 389-4291

CR2E034 (9/99)