

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102429

1. Entity Name

Riviera Options Co.

Principal Place of Business

Mailing Address

8567 Coral Way #296  
Miami Fl. 33155-2335

FILED

03 NOV -5 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

03

4. FEI Number

27-0035701

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

Ernesto L. Diaz  
8404 SW 102 Pl.  
Miami Fl. 33173

Name

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

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)

11/3/2003  
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, 2002 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 PD  
NAME Ernesto L. Diaz  
STREET ADDRESS 8404 SW 102 Pl.  
CITY-ST-ZIP Miami Fl. 33173 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/2003  
DATE

Daytime Phone #

Miami November 03, 2003

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL. 32314

RIVIERA OPTIONS CO.  
Document # P98000102429


To Whom It May Concern:

With this letter I would like to inform you that I never received the UBR 2003, due to the fact that the company moved location. I would like to request to please waive the penalty for the above-mentioned corporation. Enclosed please find the UBR 2003 and the check in the amount of \$150.00

Our new address is 8567 Coral Way #296 Miami, Fl. 33155.

Thank you for your cooperation and please excuse the inconvenience.

Regards,

  
\_\_\_\_\_  
Ernesto L. Diaz  
President