

# 2000 UNIFORM BUSINESS REPORT (UBR)

1/11/19/1

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90322 003 \*\*\*158.75

**DOCUMENT # P99000016645**

1. Entity Name

**RIVA CLAIMS MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

3663 S.W. 8TH STREET  
 SUITE 200  
 MIAMI FL 33135

3663 S.W. 8TH STREET  
 SUITE 200  
 MIAMI FL 33135-4133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0907294

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

GARRETT, GLENN J  
 8950 CYPRESS ROAD  
 SUITE 101  
 PLANTATION FL 33317

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 renewing)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	VALDES-FAULI, JUAN P		
3663 S.W. 8TH STREET			
MIAMI FL 33135			
VPD	RILEY, WILLIAM E		
3663 S.W. 8TH STREET			
MIAMI FL 33135			

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 of this report.

SIGNATURE: William E. Riley  
 WILLIAM E. RILEY, VICE PRESIDENT

1/10/00 (888) 712-7182