

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 90392 050 ***158.75

DOCUMENT # P99000044173

1. Entity Name #
RIVERSIDE PUB INC.

Principal Place of Business Mailing Address

5 S.W. SOUTH RIVER DRIVE **1521 ALTON RD. #407**
MIAMI FL 33130 **MIAMI FL 33139**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
1521 ALTON RD # 407

City & State City & State
MIAMI BEACH FL

Zip Country Zip Country
33139 **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0993818** 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

LANKAU, STEPHEN J **KENT KARPAWICK**
1330 OCEAN DR. #5-C **1521 ALTON RD #407**
MIAMI FL 33139 **MIAMI FL 33139**

City State Zip Code City State Zip Code
MIAMI BEACH **FL** **33139**

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 **KENT KARPAWICK** **Kent Karpawick** **4/22/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANKAU, STEPHEN J ESQ. 1330 OCEAN DR. #5-C MIAMI FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT KARPAWICK 34 WEST SAN MARINO DRIVE MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Kent Karpawick** **4/22/01** **305 538 6342**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/00)