~2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am P99000062693 DOCUMENT # **Secretary of State** 1. Entity Name 03-22-2002 90053 040 ***150.00 RIVER LANE PROPERTIES INC. Principal Place of Business Mailing Address C/O LOEB. BLOCK & PARTNERS LLP NRAI-SERVICES INC 526 E PARK AVE 505 PARK AVE. NEW YORK NY 10022 TALLAHASSEE FL 32301. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3609006 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 City 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. 一、抗心型。加加的指引器 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 ☐ Addition TITLE ☐ Defete TITLE **BIBAS, LEON** NAME NAME 2600 ISLAND BLVD WILLIAMS ISLAND #2305 STREET ADDRESS STREET ADDRESS **MIAMI FL 33160** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME BIBAS, MARCO NAME 2600 ISLAND BLVD WILLIAMS ISLAND #2305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33160 TITLE DVP, ☐ Change ☐ Addition ☐ Delete TITLE NAME BIBAS, REBECA NAME 2600 ISLAND BLVD WILLIAMS ISLAND #2305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33160 AS ☐ Delete TITLE ☐ Change Addition TITLE-BIBAS, DINA NAME NAME 2600 ISLAND BLVD WILLIAMS ISLAND #2305 STREET ADDRESS STREET ADDRESS **MIAMI FL 33160** CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 supplier that 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 on state 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:

MARCO BIBAS, President, 01/18/02 SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED