

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**  
 03-08-2000 90038 035 \*\*\*150.00

**DOCUMENT # P99000070411**

1. Entity Name

**RIVERA CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

~~8020 NW 53RD CT~~  
~~LAUDERHILL FL 33354~~

~~8020 NW 53RD CT~~  
~~LAUDERHILL FL 33351-5027~~

**Suite 110**  
**7471 W. OAKLAND PARK BLVD**

2. Principal Place of Business

3. Mailing Address

**FT. LAUDERDALE, FL**

**Suite 110**

Suite, Apt. #, etc.

**33319**

Suite, Apt. #, etc.

**7471 W OAKLAND PARK BLVD**

City & State

City & State

**FT. LAUDERDALE, FL**

Zip

**USA**

**33319**

**USA**

4. FEI Number

☒ 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

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, type 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, 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 ☐ Delete  
 NAME **President/Director**  
 STREET ADDRESS **Mezan Tell**  
 CITY-ST-ZIP **8786 N.W. 6 Street**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Secretary

**President/Registered Agent** (951) 802-6700