

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074319

1. Entity Name

RIVIERA DENTAL, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90311 010 ***158.75

Principal Place of Business Mailing Address
 C/O ROBERT HENRY SILVERS, C.P.A., P.A. C/O ROBERT HENRY SILVERS, C.P.A., P.A.
 1140 KANE CONCOURSE, 5TH FLOOR 1140 KANE CONCOURSE, 5TH FLOOR
 BAY HARBOR ISLANDS FL 33154 BAY HARBOR ISLANDS FL 33154-2045

2. Principal Place of Business Mailing Address
 Suite, Apt. #, etc. P.O. Box 450549

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Sunrise Florida

Zip Country Zip Country
 33345 USA

4. FEI Number Applied For
 65-0943998 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

SILVERS, ROBERT H
 1140 KANE CONCOURSE, 5TH FLOOR
 BAY HARBOR ISLANDS FL 33154

NAME
 FREDERICK B GOMER
 Street Address (P.O. Box Number is Not Acceptable)
 1140 KANE CONCOURSE, 5TH FLOOR
 City Bay Harbor Islands FL Zip Code 33154

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 FREDERICK B GOMER Secy. Treas. DATE

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 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

TITLE D/President ☐ Delete
 NAME SPELIOS, LOUIS G
 STREET ADDRESS 1140 KANE CONCOURSE, 5TH FLOOR
 CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE Secy. Treas. ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Secy. Treas. ☐ Change ☒ Addition
 NAME FREDERICK B GOMER
 STREET ADDRESS 3301 NW 97 Terrace
 CITY-ST-ZIP SUNRISE, FL 33351

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

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

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

TITLE ☐ Change ☐ Addition
 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 FREDERICK B GOMER Secy. Treas. 4-28-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)