

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000074319

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: RIVIERA DENTAL, INC.

Current Principal Place of Business:

211 NW 5TH AVENUE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

PO BOX 450549
SUNRISE, FL 33345 US

New Mailing Address:

FEI Number: 65-0943998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMER, FREDERICK B
3301 NW 97TH TERRACE
SUNRISE, FL 33351

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SPELIOS, LOUIS G
Address: 211 NW 5TH AVENUE
City-St-Zip: HALLANDALE, FL 33009

Title: ST () Delete
Name: GOMER, FREDERICK B
Address: 3301 NW 97 TERR
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK B GOMER

ST

04/30/2002

Electronic Signature of Signing Officer or Director

Date