

2000 UNIFORM BUSINESS REPORT (UBR)

7/

FILED

Aug 08, 2000 8:00 am
Secretary of State

07-19-2000 90018 049 ***150.00

DOCUMENT # P99000076790

1. Entity Name

RIVERSIDE INVESTMENT PROPERTIES, INC.

D.B.A. RIVERSIDE COURT APARTMENTS

Principal Place of Business

61 NE 24TH ST.

WILTON MANORS FL 33305

1620 SW 11th

RIVERSIDE PARK FL 33318

Mailing Address

61 NE 24TH ST.

WILTON MANORS FL 33305

APARTMENTS

FL 33318

2. Principal Place of Business

1620 SW 11th

Suite, Apt. #, etc.

3. Mailing Address

61 NE 24th

Suite, Apt. #, etc.

WILTON MANORS

City & State

RIVERSIDE PARK FLA

City & State

FT LAUDERDALE Fla

4. FEI Number

65 0960816

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MARCUS, ALAN J ESQ
20803 BISCAYNE BLVD., STE. 301
AVENTURA FL 33180

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/6/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
~~20803 BISCAYNE BLVD., STE. 301 AVENTURA FL 33180~~

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
FRANK J. CORR
61 NE 24th
WILTON MANORS FLA 33305

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/7/00 954-5683428
954-610-7617