

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90067 003 ***150.00

DOCUMENT # P99000076790

1. Entity Name

RIVERSIDE INVESTMENT PROPERTIES, INC.

Principal Place of Business

6120 SW 11 ST 1620 SW 11 ST
RIVERSIDE PARK FL 33312

Mailing Address

61 NE 24TH ST.
WILTON MANORS FL 33305

2. Principal Place of Business

1620 SW 11 ST

3. Mailing Address

61 NE 24 ST

Suite, Apt. #, etc.

RIVERSIDE PARK

Suite, Apt. #, etc.

WILTON MANORS

City & State

Florida

City & State

FL.

Zip

33312

Country

BROWARD

Zip

33305

Country

BROWARD

6. 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)

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, 2001 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** ☐ Delete
NAME **CORR, FRANK J**
STREET ADDRESS **61 NE 24 ST**
CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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.

FRANK J. CORR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-568-3493

CR2E034 (10/00)