

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
 05-30-2002 91588 031 ***150.00

0240705 AV

DOCUMENT # P99000105299

1. Entity Name
RILES & COMPANY, INC.

Principal Place of Business

~~180 ARVIDA PARKWAY~~
~~CORAL GABLES FL 33156~~

Mailing Address

~~180 ARVIDA PARKWAY~~
~~CORAL GABLES FL 33156~~

004120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Hinman Straub, P.C.

Suite, Apt. #, etc.

121 State Street

City & State

Albany, NY

Zip

12207

Country

USA

3. Mailing Address

c/o Hinman Straub, P.C.

Suite, Apt. #, etc.

121 State Street

City & State

Albany, NY

Zip

12207

Country

USA

4. FEI Number

95-3703602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

INTRSTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
-SUITE 3000-
MIAMI FL 33131

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, 2002 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	CEOD	<input type="checkbox"/> Delete
NAME	RILEY, PATRICK J	
STREET ADDRESS	180 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	SCFO	<input type="checkbox"/> Delete
NAME	RILEY, CHRISTINE C	
STREET ADDRESS	180 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, CHRISTINE C	
STREET ADDRESS	180 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John R. Aldrich	
STREET ADDRESS	121 State Street	
CITY-ST-ZIP	Albany, NY 12207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

518-436-0751

Daytime Phone #

CR2E034 (9/01)