

DOCUMENT # 487219

1. Entity Name

RITWAY REAL ESTATE, INC.

Principal Place of Business

**3905 ALTON ROAD
MIAMI FL 33140-3852
US**

Mailing Address

**3905 ALTON ROAD
MIAMI FL 33140-3852
US**

2. Principal Place of Business

23 INDIAN CREEK ISLAND

3. Mailing Address

23 INDIAN CREEK ISLAND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip **33154**Country **USA**Zip **33154**Country **USA**5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, CAROLYN ROSEN
23 INDIAN CREEK ISLAND
MIAMI FL 33154**

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	PD	<input type="checkbox"/> Delete
NAME	MILLER, CAROLYN ROSEN	
STREET ADDRESS	23 INDIAN CRK ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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		

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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 an officer like empowered.

SIGNATURE:

Carolyn Rosen Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

305-865-3500

Date

Daytime Phone #

CR2E034 (10/00)

**FILED
Jan 16, 2001 8:00 am
Secretary of State**

01-16-2001 90003 025 ***150.00



DO NOT WRITE IN THIS SPACE