

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **618534**

1. Entity Name
RITEWAY, INC.

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90018 034 ***550.00

Principal Place of Business

3905 ALTON ROAD
MIAMI FL 33140-3852
US

Mailing Address

3905 ALTON ROAD
MIAMI FL 33140-3852
US

00060767



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23 Indian Creek Island
Suite, Apt. #, etc.

3. Mailing Address

23 Indian Creek Island
Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

59-1969289

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 BCH 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MILLER, CAROLYN R.
23 INDIAN CRK ISLAND
MIAMI BEACH FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Carolyn R. Miller 8/2/01, 305-865-3500

Date

Daytime Phone #

CR2E034 (5/01)