

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 687831

1. Entity Name

RIVIERA RITZ, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90065 010 ***150.00

Principal Place of Business

Mailing Address

2441 BEACH COURT
C/O DONALD RITZ
RIVIERA BEACH FL 33404

2441 BEACH COURT
C/O DONALD RITZ
RIVIERA BEACH FL 33404-4722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2028140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITZ, DONALD
2441 BEACH COURT
RIVIERA BEACH FL 33404

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

Donald Ritz Donald Ritz

3-27-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	RITZ, DONALD	14110 LEEWARD WAY	JUNO BCH. FL				
VST	RITZ, MARILYN A	14110 LEEWARD WAY	JUNO BCH. FL				
VP	RITZ, DONALD JR.	4655 ARTHUR STREET	PALM BEACH GARDENS FL				
VP	RITZ, MICHAEL J	4652 ARTHUR ST	PALM BEACH GARDENS FL				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #