

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90217 019 \*\*\*\*\*61.25

**DOCUMENT # 735504**

1. Entity Name

**RITE-RESEARCH IMPROVES THE ENVIRONMENT, INC.**

Principal Place of Business

4585 MERIDIAN AVE.  
 MIAMI BEACH FL 33140-2944

Mailing Address

4585 MERIDIAN AVE.  
 MIAMI BEACH FL 33140-2944

**MOVED TO ↓**      **MOVED ↓ TO**

2. Principal Place of Business

**9 Island Avenue**

**#1401**

City & State

**Miami Beach, FL**

Zip Country

**33139**

3. Mailing Address

**9 Island Avenue**

**#1401**

City & State

**Miami Beach, FL**

Zip Country

**33139**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0048128**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ABELOW, JOSEPH**  
**4585 MERIDIAN AVE.**  
**MIAMI BEACH FL 33140**

**MOVED →**

7. Name and Address of New Registered Agent

Name

**ABELOW, JOSEPH**

Street Address (P.O. Box Number is Not Acceptable)

**9 ISLAND AVENUE - #1401**

City

**MIAMI BEACH**

**FL**

Zip Code

**33139**

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

*Joseph Abelow, Pres*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/15/2001**

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ Delete  
 NAME **ABELOW, JOSEPH**  
 STREET ADDRESS **4585 MERIDIAN AVE.**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **C/D** ☐ Delete  
 NAME **WIMBISH, PAUL**  
 STREET ADDRESS **6595-C PARKVIEW DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **VDST** ☐ Delete  
 NAME **ABELOW, RUTH M**  
 STREET ADDRESS **4585 MERIDIAN AVE.**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDT** ☐ Change ☐ Addition  
 NAME **ABELOW, JOSEPH**  
 STREET ADDRESS **9 ISLAND AVE. - #1401**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

TITLE **VDST** ☐ Change ☐ Addition  
 NAME **ABELOW, RUTH M.**  
 STREET ADDRESS **9 ISLAND AVE. - #1401**  
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph Abelow, Pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH ABELOW** **305-538-5308**  
 Date Daytime Phone #

CR2E037 (10/00)