

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F44124

1. Entity Name

RITESS CORPORATION

Principal Place of Business

3780 NW 22ND AVE.  
MIAMI FL 33142

Mailing Address

9870 SW 62ND ST  
MIAMI FL 33173  
US

2. Principal Place of Business

3. Mailing Address

9890 SW 62ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
MIAMI, FL

4. FEI Number 59-2424992

Applied For  
Not Applicable

Zip Country

Zip Country  
33173-1430 US

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

NARANJO, RICHARD  
9870 SW 62ND ST  
MIAMI FL 33173

Name RICHARD NARANJO  
Street Address (P.O. Box Number is Not Acceptable)  
9890 SW 62ND STREET  
City MIAMI FL Zip Code 33173-1430

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete  
NAME NARANJO, RICHARD  
STREET ADDRESS 9870 SW 62ND ST  
CITY-ST-ZIP MIAMI, FL 00000 33173-1430

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

TITLE VPT ☐ Delete  
NAME NARANJO, TERESITA  
STREET ADDRESS 9870 SW 62ND STREET  
CITY-ST-ZIP MIAMI FL 33173-1430

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2001

Date

305-634-3135

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)