

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2001 90040 040 \*\*\*150.00

**DOCUMENT # F99000002425**

1. Entity Name  
**RITZ FOODS INTERNATIONAL INC.**

Principal Place of Business Mailing Address  
**1801 SO. FEDERAL HIGHWAY, SUITE 243 1801 SO. FEDERAL HIGHWAY, SUITE 243**  
**DELRAY BEACH FL 33483 DELRAY BEACH FL 33483**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0619326** 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  
**RITTHALER, GERALD I** Name  
**1801 SO. FEDERAL HIGHWAY, SUITE 243** Street Address (P.O. Box Number is Not Acceptable)  
**DELRAY BEACH FL 33483** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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	<b>PCT</b>	<input type="checkbox"/> Delete	TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RITTHALER, GERALD I</b>		NAME	<b>Barbara Ritthaler</b>	
STREET ADDRESS	<b>1801 SO. FEDERAL HIGHWAY, SUITE 243</b>		STREET ADDRESS	<b>1801 So. Federal Highway, Suite 243</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</b>		CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKEE, WILLIAM</b>		NAME		
STREET ADDRESS	<b>COND. VILLAS DEL MAR ESTE., 16-F</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ISLA VERDE, PUERTO RICO 00913</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, MARIA CHRISTIN</b>		NAME		
STREET ADDRESS	<b>PUENTE SOUBLETTE EDIF. PLAVICA</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>QUINTA CRESPO, CARACAS VENEZ</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RITTHALER, BRENT D</b>		NAME	<b>Brent D. Ritthaler</b>	
STREET ADDRESS	<b>CENTRAL YEEQUERO CANTAURO</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CARRETERA NEGRA VIA ANACO</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, ROBERT D</b>		NAME		
STREET ADDRESS	<b>2749 SE 15TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Gerald I. Ritthaler **Gerald I. Ritthaler**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)