

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90170 029 \*\*\*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 Suite, Apt. #, etc.  
**Suite 246**

3. Mailing Address Suite, Apt. #, etc.  
**Suite 246**

City & State City & State 4. FEI Number **65-0619326** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**RITTHALER, GERALD I**  
**1801 SO. FEDERAL HIGHWAY, SUITE 243**  
**DELRAY BEACH FL 33483**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 246**  
 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 \_\_\_\_\_

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, 2002 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

TITLE **SD** ☐ Delete  
 NAME **RITTHALER, BARBARA**  
 STREET ADDRESS **1801 SO. FEDERAL HIGHWAY, SUITE 243**  
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Delete  
 NAME **GONZALEZ, MARIA CHRISTIN**  
 STREET ADDRESS **PUENTE SOUBLETTE EDIF. PLAVICA**  
 CITY-ST-ZIP **QUINTA CRESPO, CARACAS VENEZ**

TITLE **VD** ☐ Delete  
 NAME **RITTHALER, BRENT D**  
 STREET ADDRESS **CENTRAL YEEQUERO CANTAURO**  
 CITY-ST-ZIP **CARRETERA NEGRA VIA ANACO**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **Suite 246**  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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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: **Gerald I. Ritthaler** **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gerald I. Ritthaler 561-279-9223**  
 Date Daytime Phone #

CR2E034 (9/01)