

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K30565

1. Entity Name

RICTOLA ENTERPRISES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90013 024 ***150.00

Principal Place of Business

7730 S.W. 68TH TER
 MIAMI FL 33143

Mailing Address

7730 S.W. 68TH TER
 MIAMI FL 33143-2709

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 832137

MIAMI FL

33283-2137



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0138180

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

BALLESTAS, ACHILLES
 7730 S.W. 68TH TER
 MIAMI FL 33143

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

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	DP	☐ Delete
NAME	BALLESTAS, ACHILLES	
STREET ADDRESS	7730 S.W. 68TH TER	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ Delete
NAME	BALLESTAS, ALINA	
STREET ADDRESS	7730 S.W. 68TH TER	
CITY-ST-ZIP	MIAMI 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		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	☒ Change ☐ Addition
NAME	BALLESTAS, Achilles	
STREET ADDRESS	P.O. Box 832137	
CITY-ST-ZIP	MIAMI, FL 33283-2137	
TITLE	D	☒ Change ☐ Addition
NAME	BALLESTAS, ALINA	
STREET ADDRESS	P.O. Box 832137	
CITY-ST-ZIP	MIAMI, FL 33283-2137	
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		

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 #

Achilles BALLESTAS

4-28-00

CR2E034 (9/99)