

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90336 008 ***150.00

DOCUMENT #M97671

1. Entity Name

RTW CO. INC. OF DADE



DO NOT WRITE IN THIS SPACE

14000843

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2. Principal Place of Business

C/O BENJAMIN F. RICKER

Suite, Apt. #, etc.

#101 25 PELICAN POINTE DR.

City & State

DELRAY BEACH, FL

3. Mailing Address

25 PELICAN POINTE DR.

Suite, Apt. #, etc.

#101

City & State

DELRAY BEACH, FL.

4. FEI Number

65-0066548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BENJAMIN F. RICKER

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

25 PELICAN POINTE DR.

#101

City

DELRAY BEACH

FL

Zip Code
33483

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SHIRLEY RICKER
25 PELICAN POINTE DR. #101
DELRAY BEACH, FL. 33483

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Ricker SHIRLEY RICKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/04 361-274-9576

Date

Daytime Phone #

CR2E034B (12/02)