2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90079 001 ***750.00

DOCUMENT # P00000107828

1. Entity Name

FGR RITZ 525 CORP.

Principal Place of Business	Mailing Address
	1200 BRICKELL AVENUE SUITE 900 MIAMI FL 33131

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1200 Brickell Ave	
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.:
City & State: Miami, Florida	City & State:
Zip: 33131 Country: U.S.A	Zip: Country:

4. FEI Numbe: 65-1134298 ☐ 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

Name: AGI Registered Agents, Inc

Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Ave. Suite 900

City: Miami **FL** Zip Code: 33131

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, 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	D	☐ Delete
NAME	Fernandez Candia, Ramiro Maria	
STREET ADDRESS	799 Crandon Blvd., # 608	
CITY-ST-ZIP	Key Biscayne, Fl. 33149	
TITLE	D	☐ Delete
NAME	Fernandez Candia, Gonzalo Maria	
STREET ADDRESS	799 Crandon Blvd., # 608	
CITY-ST-ZIP	Key Biscayne, Fl 33149	
TITLE	D	☐ Delete
NAME	Fernandez Candia, Francisco J	
STREET ADDRESS	799 Crandon Blvd., # 608	
CITY-ST-ZIP	Key Biscayne, Fl 33149	
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		
CITY-ST-ZIP		
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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that [illegible] Florida Statutes. I further certify that the information indicated on this report [illegible] 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 [illegible] 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: ____________________ 4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR