

2002 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P00000107829

1. Entity Name
 F6R RITZ 524 CORP.

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

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

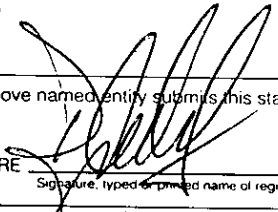
4. FEI Number
 65-1134299
 Applied For
 Not Applicable

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

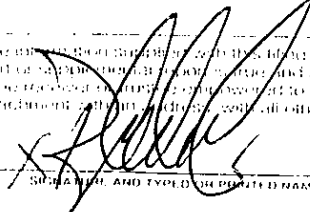
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Fernandez Candia, Ramiro Maria 799 Crandon Blvd., # 608 Key Biscayne, FL 33149 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Fernandez Candia, Gonzalo Maria 799 Crandon Blvd., #608 Key Biscayne, FL 33149 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information furnished on this report is true and accurate and that I am a resident of the State of Florida and that I am the owner or operator of the corporation or the individual proprietor of the business.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02