


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90281 030 \*\*\*150.00

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<b>DOCUMENT #</b> P01000005036	
1. Entity Name <b>RITE HOUSE REALTY, INC.</b>	

Principal Place of Business <b>18330 SW 97TH AVENUE MIAMI FL 33157</b>	Mailing Address <b>18330 SW 97TH AVENUE MIAMI FL 33157</b>
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2. Principal Place of Business <b>12875 S.W. 280 St.</b>	3. Mailing Address <b>12875 S.W. 280 St.</b>
Suite, Apt. #, etc. <b>MIAMI</b>	Suite, Apt. #, etc.

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33032</b>	Zip <b>33032</b>
Country <b>USA</b>	Country <b>USA</b>



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>RUDDOCK, MERL 18330 SW 97TH AVENUE MIAMI FL 33157</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>12875 S.W. 280 St.</b> City <b>Miami</b> FL Zip Code <b>33032</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SIMPSON, HERBERT B 18330 SW 97TH AVENUE MIAMI FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12875 S.W. 280 St. Miami, FL 33032</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD RUDDOCK, MERL 18330 SW 97TH AVENUE MIAMI FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4/14/03 305 258-0244**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)