

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11312

1. Entity Name

RIDA DEVELOPMENT CORPORATION

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90099 003 ***550.00

Principal Place of Business

5444 WESTHEIMER, STE. 1605
HOUSTON TX 77056

Mailing Address

5444 WESTHEIMER, STE. 1605
HOUSTON TX 77056

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

76-0072261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILDES, RICHARD, J
LOWNDES, DROSDICK, DOSTER, KANTOR, REED
215 N EOLA DR
ORLANDO FL 32801-9028

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME MITZNER, DAVID
STREET ADDRESS 5444 WESTHEIMNER, S-1605
CITY-ST-ZIP HOUSTON TX ☐ Delete

TITLE VD
NAME MITZNER, IRA
STREET ADDRESS 5444 WESTHEIMNER, S-1605
CITY-ST-ZIP HOUSTON TX ☐ Delete

TITLE STD
NAME MITZNER, JACOB
STREET ADDRESS 5444 WESTHEIMNER, S-1605
CITY-ST-ZIP HOUSTON TX ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

Signature of Ira Mitzner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA MITZNER

8/25/00

713-961-3835

CR2E034 (5/00)