

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90077 038 \*\*\*150.00

0079001

**DOCUMENT # P94000075028**

1. Entity Name  
**RITA CATERING, INC.**

Principal Place of Business  
**1637 NORTH COCOA BLVD**  
**COCOA FL 32922**  
**US**

Mailing Address  
**1637 NORTH COCOA BLVD**  
**COCOA FL 32922**  
**US**

2. Principal Place of Business  
**2165 DUMAS STREET**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2165 DUMAS STREET**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MERRITT ISLAND FL**  
 Zip  
**32952**  
 Country  
**USA**

City & State  
**MERRITT ISLAND FL**  
 Zip  
**32952**  
 Country  
**USA**

4. FEI Number **59-3307312**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FILINGS INC.**  
**3732 N.W. 16TH ST.**  
**FT. LAUDERDALE FL 33311**

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 \$150.00**  
**After MAY 1, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PAIKH, RITA S</b>	
STREET ADDRESS	<b>2165 DUMAS STREET</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>PAIKH, SHAILENDRA</b>	
STREET ADDRESS	<b>2165 DUMAS STREET</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2165 DUMAS STREET</b>	
STREET ADDRESS	<b>MERRITT ISLAND, FL 32952</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 32952</b>	
TITLE	<b>MANAGING DIRECTOR (M)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHAILENDRA PARIKH</b>	
STREET ADDRESS	<b>2165 DUMAS STREET</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 32952</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/28/01**  
 Date

**(407) 453-1489**  
**(407) 820-4300**  
 Phone

CR2E034 (10/00)