

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90115 014 ***155.00

DOCUMENT # P94000075028

1. Entity Name
RITA CATERING, INC.

Principal Place of Business

**2165 DUMAS STREET
 MERRITT ISLAND FL 32952**

Mailing Address

**2165 DUMAS STREET
 MERRITT ISLAND FL 32952**

2. Principal Place of Business

1637 N COCOA BLVD

3. Mailing Address

2165 DUMAS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

MERRITT ISLAND, FL

Zip

32899

Country

BREVARD

Zip

32952

Country

BREVARD

DO NOT WRITE IN THIS SPACE

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, 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	P	<input type="checkbox"/> Delete
NAME	PARIKH, RITA S	
STREET ADDRESS	2165 DUMAS STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	M	<input type="checkbox"/> Delete
NAME	PARIKH, SHAILENDRA	
STREET ADDRESS	2165 DUMAS STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	MD	<input type="checkbox"/> Delete
NAME	PARIKH, SHAILENDRA	
STREET ADDRESS	2165 DUMAS STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/02

Date

6217 453-

Daytime Phone #

6689

CR2E034 (9/01)