

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100580

1. Entity Name

Rita & Peter, Inc.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90077 008 \*\*\*150.00

Principal Place of Business

c/o Singer  
1471 S.W. 159 Avenue  
Pembroke Pines, FL 33027

Mailing Address

320 South Flamingo Road  
Suite 340  
Pembroke Pines, FL 33027

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1471 S.W. 159 Avenue

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

4. FEI Number

65-0718517

Applied For

Not Applicable

Zip

Country

Zip

Country

33027

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Rodger Bakerman  
320 South Flamingo Road  
Suite 340  
Pembroke Pines, FL 33027

7. Name and Address of New Registered Agent

Name  
**Rita Lewison-Singer**  
Street Address (P.O. Box Number is Not Acceptable)  
**1471 S.W. 159 Avenue**  
City  
**Pembroke Pines** **FL** Zip Code  
**33027**

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

*Rita Lewison-Singer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/26/00*

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**Peter Gullo**  
**15631 S.W. 16 Court**  
**Pembroke Pines, FL 33027** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice-President**  
**Rita Lewison-Singer**  
**1471 S.W. 159 Avenue**  
**Pembroke Pines, FL 33027** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
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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:

*Rita Lewison-Singer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/26/00*

Daytime Phone #

*(954) 430-5769*

CR2E034 (9/99)