

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90005 016 \*\*\*150.00

**DOCUMENT # P96000100580**

1. Entity Name

**RITA & PETER, INC.**

CR

Principal Place of Business

**C/O 1471 S.W. 159 AVE  
 PEMBROKE PINES FL 33027**

Mailing Address

**C/O 1471 S.W. 159 AVE  
 STE 340  
 PEMBROKE PINES FL 33027**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0718517**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWISON-SINGER, RITA  
 1471 S.W. 159 AVE  
 PEMBROKE PINES FL 33027**

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete  
 NAME **LEWISON-SINGER, RITA**  
 STREET ADDRESS **1471 SW 159 AVE.**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE **P** ☐ Delete  
 NAME **GULLO, PETER**  
 STREET ADDRESS **15631 SW 16 CT.**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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 Peter Gullo**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/18/01**

**954-436-8176**

Date

Daytime Phone #

0141533 SP

CR2E034 (5/01)

**RITA & PETER INC.**

1471 S.W. 159<sup>TH</sup> Ave.  
Pembroke Pines, FL 33027

Attachment  
#P90000100580  
C6074185

July 18, 2001


Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

Please excuse our late filing of this years UBR. We never received a package at the beginning of the year. I believe this can be attributed to the incorrect mailing address noted on the report. STE 340 is NOT a part of our current address. It was a part of a previous address. Unfortunately, this caused us not to file in a timely manner. Please correct our mailing address as I have noted on the UBR.

I have enclosed the fee of \$150.00 with this letter as instructed by your courteous and helpful employee Steve who I spoke with today. He was very knowledgeable and provided accurate answers to all my questions.

Sincerely,

  
Peter Gullo  
President.