

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90068 030 ***150.00

DOCUMENT # P97000023712

1. Entity Name

RICHTER GROUP, INC.

Principal Place of Business

Mailing Address

1499 S.E. 17TH STREET CAUSEWAY
4000 SHERIDAN ST., SUITE 201
FORT LAUDERDALE FL 33316
US

1499 S.E. 17TH STREET CAUSEWAY
4000 SHERIDAN ST., SUITE 201
FORT LAUDERDALE FL 33316
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0737972

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KAHN, HOWARD N
4000 SHERIDAN BLVD.
SUITE 201
HOLLYWOOD FL 33021

Name Stephen M. Beyer
Street Address (P.O. Box Number is Not Acceptable) 2201 Corporate Blvd NW.
#103
City Boca Raton FL Zip Code 33431

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 P/D
NAME RICHTER, MARYANNE
STREET ADDRESS 1499 S.E. 17TH STREET CAUSEWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE VP/D
NAME ELIO BALDO
STREET ADDRESS 12000 N. Bayshore Dr #207
CITY-ST-ZIP Miami, FL 33181 ☐ Change ☒ Addition

TITLE VP/D
NAME MARZILLI, ANTHONY
STREET ADDRESS 1499 S.E. 17TH STREET CAUSEWAY
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/01 954 767 8300

CR2E034 (10/00)