

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90478 013 \*\*\*158.75

DOCUMENT # P97000062485

1. Entity Name

RITRON INTERNATIONAL, INC

Principal Place of Business

7225 NW 25TH ST.  
#101  
MIAMI FL 33122

Mailing Address

~~444 BRICKELL AVE~~  
~~STE 750~~  
~~MIAMI FL 33131~~

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

65-0768264

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

MILLENNIA CONSULTING SERVICES

~~444 BRICKELL AVE SUITE 750~~

~~MIAMI FL 33126~~

Name

Street Address (P.O. Box Number is Not Acceptable)

20630 BISCAYNE BLVD

AVENTURA

FL

Zip Code

33180

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

04/10/01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVSD  
SILVA, ANTONIO LUIZ S  
7925 NW 12TH STREET SUITE 112  
MIAMI FL 33126

☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Antonio Silva

04/10/01

305 3226387

CR2E034 (10/00)