

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008804

1. Entity Name

RICHERT GP, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90017 025 ***150.00

Principal Place of Business

Mailing Address

255 ALHAMBRA CIRCLE
SUITE 1125
CORAL GABLES FL 33134

255 ALHAMBRA CIRCLE
SUITE 1125
CORAL GABLES FL 33134-7404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 520

Suite, Apt. #, etc.

Suite 520

City & State

City & State

4. FEI Number

65-0378951

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

RICHERT, ELIZABETH K
225 ALHAMBRA CIRCLE
SUITE 1125
CORAL GABLES FL 33134

Name

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

Suite 520

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MONROE, ELAINE R**
STREET ADDRESS **5 HAMDEN CT**
CITY-ST-ZIP **GREENSBORO NC 27405**

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

TITLE **D** ☐ Delete
NAME **MARTIAGE, BERTA**
STREET ADDRESS **4610 SANTA MARIA**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☒ Change ☐ Addition
NAME **merhige, Berta**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RICHERT, ELIZABETH K**
STREET ADDRESS **255 ALHAMBRA CIR., SUITE 1125**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
NAME **Richert,**
STREET ADDRESS **Suite 520**
CITY-ST-ZIP

TITLE **Director** ☐ Delete
NAME **Renee M. Pasquanella**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Director**
NAME **Renee M. Pasquanella**
STREET ADDRESS **9046 Bird Rd.**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Elizabeth K. Richert
ELIZABETH K. RICHERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/00 (305) 666-3344
Daytime Phone #