

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90102 001 *1,200.00

DOCUMENT # P98000027865

1. Entity Name

RITZY INVESTMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SARA MILLER

3. Mailing Address

SARA MILLER

Suite, Apt. #, etc.

9430 NW 16 STREET

Suite, Apt. #, etc.

9430 NW 16 STREET

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33322

Country

US

Zip

33322

Country

US

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SARA MILLER

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

9430 NW 16 STREET

City

PLANTATION

FL

Zip 33322

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)**

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P

JOEL S. BERKOWITZ

24 HEARTHSTONE DR

ASHVILLE, NC 28803

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP

DAVID C. HENNESSY

11873 SPRING RD STE 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CONIFER, CO 80433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID HENNESSY 4/24/02

Date

Daytime Phone #

CR2E034B (12/01)