

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038103

1. Entity Name

BEVERLY HILLS CLASSIC CAR WASH, INC.

FILED

Mar 06, 2001 8:00 am  
Secretary of State

03-06-2001 90017 006 \*\*\*150.00

Principal Place of Business

3674 N LECANTO HWY(491)  
BEVERLY HILLS FL 34465

Mailing Address

3674 N LECANTO HWY(491)  
BEVERLY HILLS FL 34465

2. Principal Place of Business

3874 N. LECANTO HWY (491)

Suite, Apt. #, etc.

3. Mailing Address

3874 N. LECANTO HWY (491)

Suite, Apt. #, etc.

City & State

BEVERLY HILLS, FL.

City & State

BEVERLY HILLS, FL.

Zip

34465

Country

STATE U.S.A.

Zip

34465

Country

U.S.A.

4. FEI Number

59-3518293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, PATRICIA M  
765 W GULF TO LAKE HWY, SUITE 12  
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

Rita M. Ritrovato

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

4200 W. Pine Ridge Blvd.

City

BEVERLY HILLS,

FL

Zip Code

34465

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

Rita M. Ritrovato

Signature, typed or printed name of registered agent and title if applicable.

Rita M. Ritrovato

(NOTE: Registered Agent signature required when reinstating)

3-5-01

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

TITLE D  
NAME RITROVATO, PAUL G  
STREET ADDRESS 4200 W PINE RIDGE BLVD  
CITY-ST-ZIP BEVERLY HILLS FL 34465

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Paul G. Ritrovato

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-2001

Date

352-527-0964

Daytime Phone #

CR2E034 (10/00)