

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90065 010 ***150.00

DOCUMENT # 687831

1. Entity Name

RIVIERA RITZ, INC.

Principal Place of Business

Mailing Address

2441 BEACH COURT
 C/O DONALD RITZ
 RIVIERA BEACH FL 33404

2441 BEACH COURT
 C/O DONALD RITZ
 RIVIERA BEACH FL 33404-4722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2028140

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

RITZ, DONALD
 2441 BEACH COURT
 RIVIERA BEACH FL 33404

pd \$150.00 OK # 4623

Name

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

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

Donald Ritz Donald Ritz

3-27-00

Signature, typed or printed name of registered agent and title (Legible)

(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	DP	<input type="checkbox"/> Delete
NAME	RITZ, DONALD	
STREET ADDRESS	14110 LEEWARD WAY 917 Alameda Dr	
CITY-ST-ZIP	JUNO BCH. FL NPB FL 33408	
TITLE	VST	<input type="checkbox"/> Delete
NAME	RITZ, MARILYN A	
STREET ADDRESS	14110 LEEWARD WAY 917 Alameda Dr	
CITY-ST-ZIP	JUNO BCH. FL NPB FL 33408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RITZ, DONALD JR.	
STREET ADDRESS	4655 ARTHUR STREET 917 Alameda Dr	
CITY-ST-ZIP	PALM BEACH GARDENS FL NPB FL 33408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RITZ, MICAEL J	
STREET ADDRESS	4652 ARTHUR ST 917 Alameda Dr	
CITY-ST-ZIP	PALM BEACH GARDENS FL NPB FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donald Ritz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #