## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2000 8:00 am Secretary of State DOCUMENT # **P98000084781** RINGLER ASSOCIATES SOUTH FLORIDA, INC. 04-07-2000 90074 014 \*\*\*150.00 Mailing Address Principal Place of Business 5000 BIRCH ST 1500 NW 49TH STREET SUITE 607 **NEWPORT BCH CA 92660-2147** FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 58-2418882 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ames J. Vilanti VOLANTI, JAMES 1500 NW 49TH STREET SUITE 607 FT. LAUDERDALE FL 33309 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPS ☐ Delete TITLE TITLE volanti, James J NAME NAME STREET ADDRESS STREET ADDRESS 1500 NW 49TH ST., #607 CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIF Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Del€te NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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 in changed, or on an attachment with an accress with all other five empowered.

3/20/00

ames J-Volan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: