

2000 UNIFORM BUSINESS REPORT (UBR)

4/21/2

FILED
Aug 17, 2000 8:00 am
Secretary of State

04-26-2000 90043 024 ***150.00

DOCUMENT # P99000049719

1. Entity Name
RON'S PROPERTY, INC.

R/P

Principal Place of Business
~~4641 SOUTH STATE ROAD 7~~
~~DAVIE FL 33314~~

Mailing Address
~~4641 SOUTH STATE ROAD 7~~
~~DAVIE FL 33314-4845~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1819 S. State Rd 7
 Suite, Apt. #, etc.

3. Mailing Address
Hoo Leslie Dr # 900
 Suite, Apt. #, etc.
900

City & State
Ft. Lauderdale FL 33317

City & State
Hallandale FL

4. FEI Number
65-0924166

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LABOCK, ARNON
4641 SOUTH STATE ROAD 7
DAVIE FL 33314

7. Name and Address of New Registered Agent
 Name: **Arnon Labock** **RON'S PROPERTY, INC.**
 Street Address (P.O. Box Number): **1819 S. State Rd. 7**
Hoo Leslie Dr **Ft. Lauderdale, FL 33317**
 City: **Hallandale** **FL** Zip Code: **33009**

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: **Arnon Labock Pres**
 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.
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 NAME STREET ADDRESS CITY-ST-ZIP	Pres Arnon Labock Hoo Leslie Dr #900 Hallandale FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Arnon Labock** **5/16/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)