## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # F34269** Jul 20, 2000 8:00 am 1. Entity Name Secretary of State RONAC ENTERPRISES, INC. 07-20-2000 90019 047 \*\*\*150.00 Principal Place of Business Mailing Address 6360 N.W.82 AVE. 6360 N.W.82 AVE. MIAMI FL 33166 **MIAMI FL 33166** 2. Principal Place of Business 3\_ Mailing Address 651505 P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2096296 FL miam Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CALONGE.LAUDELINA A. Street Address (P.O. Box Number is Not Acceptable) 1801 S.W. 104 AVE **MIAMI FL 33165** 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 DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition PD TITLE ☐ Change ☐ Delete CALONGE, LAUDELINA A , NAME STREET ADDRÉSS STREET ADDRESS 1801 SW 104 AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Addition Change ☐ Delete CALONGE, CARLOS NAME STREET ADDRESS STREET ADDRESS 1801 SW 104 AVE. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STATUS (COLOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-2000

Daytime Phone #

ATTACHMENT F34269 DW72463

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

re: 59-2096296

To Whom It May Concern:

I am sending this report with the appropriate \$150.00 fee as we never received the original filing report. For quite some time now, we have been having problems with the mail that is coming here to our office we now receive the majority of our mail at our P.O. Box address. I corrected the form where indicated and ask that you please send any further mailings to this address:

Ronac Enterprises, Inc. P.O. Box 651505 Miami, FL 33265 USA

Please update your records as necessary. Should you have any questions or concerns, please don't hesitate to contact me at:

(305) 594-0381

audelina Calonge

Thank you for your prompt attention to this matter.

Sincerely,

Laudelina Calonge

President

Ronac Enterprises, Inc.