2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90074 026 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # F96000004730

1. Entity Name
RONALBIN INC.

Principal Place of Business	Mailing Address
C/O R. LEIBEL 209 SOUDAN AVE TORONTO ONTARIO CA M4S- -W2	209 SOUDAN AVE TORONTO ONTARIO CA M4S- 1W2

2. Principal Place of Business	3. Mailing Address
209 SOUDAN AVENUE	209 SOUDAN AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TORONTO ONTARIO	City & State: TORONTO ONTARIO
Zip: M4S 1W2 / Country: CANADA	Zip: M4S 1W2 / Country: CANADA

4. FEI Number: 93-0081169 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

KETCHAM, RODNEY S
1980 NORTH ATLANTIC AVENUE, STE 918
COCOA BEACH FL 32931

7. **Name and Address of New Registered Agent**

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PD NAME: LEIBEL, QUEENIE STREET ADDRESS: 500 AVENUE RD. APT. 1006 CITY-ST-ZIP: TORONTO ONT CAN M4V 2J6	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: SD NAME: LEIBEL, ROBIN STREET ADDRESS: 209 SOUDAN AVENUE CITY-ST-ZIP: TORONTO ONT CAN M4S 1W2	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: X Robin Leibel ROBIN LEIBEL Mar. 15, 2001 416-630-4647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (10/00)