2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # F98000002953 RANZAL & ASSOCIATES, INC. 01-19-2000 90284 026 ***150.00 Principal Place of Business Mailing Address 198-CORPORATE PARN-DR. 109-CORPORATE PARN DR WHITE PLAINS NY 10604 WHITE PLAINS NY 10604 604625 2. Principal Place of Business 3. Mailing Address Ame DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. 4. FEI Number Applied For City & State City & State 13-3879046 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANZEL, ROBIN Robin Ranzal Knowles Street A able) Ranzal & Associates, Inc. **4021 IBIS POINT CIRCLE** 4021 Ibis Point Circle **BOCA RATON FL 33431** Boca Raton, FL 33431 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. Change ☐ Addition Delete TITLE TITLE Robin Ranzal Knowles NAME (CORRECTION) NAME RANZAL, ROBIN Ranzal & Associates, inc. STREET ADDRESS 4021 Ibis Point Circle STREET ADDRESS **4021 IGIS POINT CIRCLE** Boca Raton, FL 33431 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME RANZAL, THEODORE NAME STREET ADDRESS STREET ADDRESS 108 COPORATE PARK DR. CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS NY 10604 → 🔲 Change 🕍 🔲 Addition TITLÉ → ~***> 🖅 Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE

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.

NAME STREET ADDRESS

NAME STREET ADDRESS

☐ Delete

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1/12/2000 561-393-0348

□ Change

Addition

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