

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J84247

1. Entity Name
RINGER ASSOCIATES MIAMI, INC.

Principal Place of Business

1500 N.W. 49TH STREET
SUITE 607
FORT LAUDERDALE FL 33309

Mailing Address

5000 BIRCH ST
#300
NEW PORT BEACH CA 92660-2147

2. Principal Place of Business

5100 NW 33rd St.
Suite, Apt. #, etc.
#256

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. Lauderdale FL

City & State

Zip

Country

Zip

Country

4. FEI Number

33-0248518

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Registered Agent

GREGER, GERALD
1500 N.W. 49TH STREET
SUITE 607
FORT LAUDERDALE FL 33309

Name: Gerald D. Greger

Street Address (P.O. Box Number is Not Acceptable)

5100 NW 33rd St.
#256

City: FT Lauderdale

FL

Zip Code: 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

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.
(See criteria on back) ☐

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
PTSD
GREGER, GERALD
1500 N.W. 49TH ST., #607
FT. LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90041 025 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)