## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT'# L44154 1. Entity Name RONTOL GROUP INTERNATIONAL, INC. 4-24-2001 90336 007 \*\*\*150.00 Principal Place of Business Mailing Address 16104 SEXTON COURT 16104 SEXTON COURT 141045 TAMPA FL 33647 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2984859 Not Applicable Zip Country 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 LEE, CHUNGPIN (MIKE) Street Address (P.O. Box Number is Not Acceptable) 16104 SEXTON COURT TAMPA FL 33647 City 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) 1 Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE D۷ Delete TITLE Change ☐ Addition NAME NAME LEE, PAI-LAN CHEN STREET ADDRESS STREET ADDRESS 16104 SEXTON COURT CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME CHUNGPIN (MIKE) LEE STREET ADDRESS STREET ADDRESS 16104 SEXTON COURT CITY-ST-ZIP C1TY-ST-ZIP TAMPA FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME CHUNGPIN (MIKE) LEE STREET ADDRESS STREET ADDRESS 16104 SEXTON COURT CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

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.

Chum Pin (Mike) Lee (
SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

hungan Lee

1-12-01

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