

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90072 040 \*\*\*150.00

0334076 AV

**DOCUMENT # P00000031633**

**1. Entity Name**  
**RONSH, INC.**

**Principal Place of Business**  
**160 TORCHWOOD AVENUE**  
**PLANTATION FL 33324**

**Mailing Address**  
**160 TORCHWOOD AVENUE**  
**PLANTATION FL 33324**

**2. Principal Place of Business**

11401 N.W. 12 ST.

**3. Mailing Address**

11401 N.W. 12 ST.

Suite, Apt. #, etc.

# 148

Suite, Apt. #, etc.

# 148

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

**4. FEI Number**

65-0997354

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 New Registered Agent**

**SCHREIBER, DARRYL S ESQ**  
**5600 SHERIDAN STREET**  
**HOLLYWOOD FL 33021**

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**

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, 2002 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**

**PD**  
**LEVI, YARON RONI**  
**160 TORCHWOOD AVENUE**  
**PLANTATION FL 33324**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**STD**  
**LEVI, SHLOMO**  
**160 TORCHWOOD AVENUE**  
**PLANTATION FL 33324**

☐ Delete

**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

☐ Change ☐ Addition

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☐ 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 #

CP20034 (9/01)