

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031633

1. Entity Name

RONSH INC.



FILED
03 MAY - 1 PM 1:15
04-10-2003 90154 016 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10064985

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11401 N.W. 12 ST.

Suite, Apt. #, etc. # 148

City & State Miami FL

Zip 33172

3. Mailing Address

11401 N.W. 12 ST.

Suite, Apt. #, etc. # 148

City & State Miami FL

Zip 33172

Country

4. FEI Number

65-0997354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name YARON LEVY

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

692 LAKE BLVD

City WESTON

FL

Zip Code 33326

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

YARON LEVY

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1st-May 1st Fee is \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS TO
NAME LEVY YARON
STREET ADDRESS 692 LAKE BLVD
CITY-ST-ZIP Weston FL 33326

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STREET ADDRESS
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

Daytime Phone #

CR2E0345 (12/02)