

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # **P00000068307**

1. Entity Name

RONCOLA CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

999 BRICKELL BAY DR

3. Mailing Address

999 BRICKELL BAY DR.

Suite, Apt. #, etc.

307

Suite, Apt. #, etc.

307

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

Zip

33131

Country

4. FEI Number

65-1029340

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

Delfi Montecarlo

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

999 Brickell Bay Dr #307

City

Miami

FL

Zip Code

33131

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/12/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
DELFI MONTECARLO
999 BRICKELL BAY DR 307
MIAMI FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**4000005492904--3
-05/09/02--01001--025
***150.00 ***150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**4000005492904--3
-05/09/02--01001--026
***150.00 ***150.00**

TITLE
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CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

Daytime Phone #

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RONCOLA CORP.
999 BRICKELL BAY DR #307
MIAMI, FL 33131
(305) 374-3204

Tuesday, March 12, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 1500
TALLAHASSEE, FL 32302

RE: UNIFORM BUSINESS REPORT #P00000068307

We are in receipt of the second request to pay the annual dues for our for profit corporation. We never received any of the prior notices due to the fact that the address on record is incorrect.

Please, we did not intentionally filed late because we never received any correspondence from your department by the post office. We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$150.00. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.


DELFI MONTEAGUDO - PRESIDENT