

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0643545 SP

DOCUMENT # P00000077531

1. Entity Name

RANMER CORPORATION

03-05-2002 90105 030 ***150.00

Principal Place of Business

**THE PALACE APT. 5B
 10101 COLLINS AVENUE
 MIAMI BEACH FL 33150**

Mailing Address

**THE PALACE APT. 5B
 10101 COLLINS AVENUE
 MIAMI BEACH FL 33150**

2. Principal Place of Business

3. Mailing Address

1150 NW 72ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

555

City & State

City & State

Miami, FL

4. FEI Number

65-1037885

Applied For

Not Applicable

Zip

Country

Zip

Country

33126

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

**RANCANO, NIVARDO
 THE PALACE APT. 5B
 10101 COLLINS AVENUE
 MIAMI BEACH FL 33150**

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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **RANCANO, NIVARDO**
 CITY-ST-ZIP **10101 COLLINS AVENUE THE PALACE APT 5B MIAMI BEACH FL 33150**

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

TITLE ☐ Delete
 NAME **PTD**
 STREET ADDRESS **RANCANO, MERCEDES**
 CITY-ST-ZIP **10101 COLLINS AVENUE THE PALACE APT 5B MIAMI BEACH FL 33150**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nivardo Rancano

2/2/02

458-1258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)