

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/10/2003-90052-006-\$150.00-\$150.00

FILED

03 OCT 15 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029395

1. Entity Name  
RONCELI, INC.



Principal Place of Business  
231 NORTHWEST 85TH COURT  
MIAMI FL 33126

Mailing Address  
231 NORTHWEST 85TH COURT  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

65-0783286

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MANN, RONALD  
231 NW 85 CT  
MIAMI FL 33126

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

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 \$550.00

After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MARIN, RONALD R  
STREET ADDRESS 231 NORTHWEST 85TH COURT  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE VSD  
NAME DRAGONETTI, ANGELA  
STREET ADDRESS 231 NORTHWEST 85TH COURT  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 Block 11 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

09-01-03 305-264-6478  
Date Daytime Phone #

CR2E034 (4/03)

Attachment

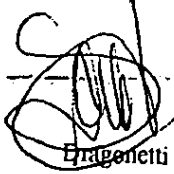
80146795

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Miami September 1<sup>st</sup> 2003.

Dear Florida Department of State.

I inform you that this final notification to renew my corporation was the only notification I received. I did not receive any prior notice about renewal.



Dragonetti Angela.