

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91545 034 ***155.00

CR2E034 (9/01)

DOCUMENT # P01000063307
 1. Entity Name
RING ENTERPRISES, INC.

Principal Place of Business Mailing Address
155 S MIAMI AVE SUITE 1111 OFFICE C **155 S MIAMI AVE SUITE 1111 OFFICE C**
MIAMI FL 33130 **MIAMI FL 33130**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3563 NW 82 AVE **401 NE MIENER BLVD - PH 820**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 P.H. 820
 City & State City & State
MIAMI, FL. **BOCA RATON, FL.**
 Zip Country Zip Country
~~33122~~ ~~USA~~ ~~33432~~ ~~USA~~

4. FEI Number Applied For
651119859 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RING, RONALDO V
155 S MIAMI AVE SUITE 1111 OFFICE C
MIAMI FL 33130

7. Name and Address of New Registered Agent
 Name **RING, RONALDO V.**
 Street Address (P.O. Box Number is Not Acceptable)
401 NE MIENER BLVD - PH 820
 City **BOCA RATON** FL Zip Code **33432**

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 **RONALDO V. RING, PRESIDENT** **4/18/02**
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	RING, RONALDO VICTOR	
STREET ADDRESS	155 S MIAMI AVE SUITE 1111 OFFICE C	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MAYO DE RING, GRACIELA L	
STREET ADDRESS	155 S MIAMI AVE SUITE 1111 OFFICE C	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RING DE CASOY, LAURA N	
STREET ADDRESS	155 S MIAMI AVE SUITE 1111 OFFICE C	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **RONALDO V. RING** **4/18/02** **561-848-4100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #