

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075326

1. Entity Name
RIMON, INC.



03 SEP 25 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
42 WEIZMAN ST
REHOVOT 76283, ISRAEL FL ISRAE-L
OC

Mailing Address
PO BOX 940933
MAITLAND FL 32794-0933



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

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

GOROVITZ, AARON J
215 N EOLA DR
ORLANDO FL 32801

Name

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

City

500023344025
09/25/03--01090--008 **\$50.00
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.

(NOT 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D LAMDAN, NILI PO BOX 940933 MAITLAND FL 32794-0933	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

nila lmdan 9/15/03

860 236 4666

CR2E034 (4/03)

9.19.02

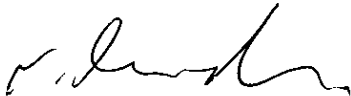
To: Florida Division of corporations

Dear sir/madam

This envelope has arrived yesterday with the forms torn after it was forwarded to my temporary address. Please accept this form and enclosed check and let me know if any additional information/fee is needed.

Sincerely,

Nili Lamdan
Rimon, Inc.



Email: Lamdan@comcast.net
Tel: 860.236.4666