

AMMENDED RETURN

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

FILED

03 DEC 17 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P0200000 7991*

1. Entity Name

RNG DEVELOPMENT CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

DADE COUNTY

3. Mailing Address

9767 SW. 106 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

75-2973020

Applied For

☒ Not Applicable

Zip

33176

Country

USA

Zip

33176

Country

USA

5...Certificate of Status Desired ☒

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *BRIAN PRZYSTUP*

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

1881 WASHINGTON AVE.

#12E

City *MIAMI BEACH, FLORIDA*

FL

Zip Code

33139

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

Brian Przystup

12/11/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *P* *NANETTE GARAVITO*
NAME
STREET ADDRESS *9767 S.W. 106 TERR.*
CITY-ST-ZIP *MIAMI, FLORIDA 33176*

TITLE *VP* *BRIAN PRZYSTUP*
NAME
STREET ADDRESS *P.O. Box 403864*
CITY-ST-ZIP *MIAMI BEACH, FLORIDA 33140*

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*12/17/03--01011--008 **70.00*

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

SIGNATURE:

Nanette Garavito

NANETTE GARAVITO

12/10/03 305321-8540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)