

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90061 015 ***550.00

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DOCUMENT # P02000058876

1. Entity Name

RONTEL INTERNATIONAL, INC.



Principal Place of Business

**20020 NW 3RD PLACE
MIAMI FL 33169**

Mailing Address

**20020 NW 3RD PLACE
MIAMI FL 33169**

2. Principal Place of Business

1770 NW 96 AVE

3. Mailing Address

1770 NW 96 AVE

Suite, Apt. #, etc.

SUITE 3

Suite, Apt. #, etc.

SUITE 3

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

01-0713225

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RICHARDS, RONALD R
1645 NW 56TH TERRAACE
LAUDERHILL FL 33313**

7. Name and Address of New Registered Agent

Name **RICHARDS, RONALD R**
Street Address (P.O. Box Number is Not Acceptable) **2751 E ARAGON BLVD # 4**
City **SUNRISE** FL Zip Code **33313**

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

TITLE **D** ☒ Delete
NAME **RICHARDS, RONALD R**
STREET ADDRESS **1645 NW 56TH TERRAACE**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **RICHARDS, RONALD R**
STREET ADDRESS **2751 E ARAGON BLVD # 4**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/03 (305) 406 2020

Date

Daytime Phone #

CR2E034 (4/03)