

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90879 030 \*\*\*150.00

DOCUMENT # P40432

1. Entity Name

RANEL, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

C/O ISIDORE PERLMUTTER

3. Mailing Address

C/O ISIDORE PERLMUTTER

Suite, Apt. #, etc.

3022 AINSLEE B C.VILLA

Suite, Apt. #, etc.

3022 AINSLEE B C.VILLA

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

Zip

33432

Country

4. FEI Number

11-1692775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PERLMUTTER, ISIDORE

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

3022 AINSLEE B, CENTURY VILLAGE

City

BOCA RATON

FL

Zip Code

33434

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 P  
NAME PERLMUTTER, ISIDORE  
STREET ADDRESS 3022 AINSLEE B. CENTURY VIL  
CITY - ST - ZIP BOCA RATON FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE STD  
NAME SCHREIBER, JOAN  
STREET ADDRESS 1050 FIFTH AVENUE  
CITY - ST - ZIP NEW YORK NY

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE VD  
NAME SMALL, ELLEN  
STREET ADDRESS 19 CHERRY LANE  
CITY - ST - ZIP GREAT NECK NY

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)