

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029172

1. Entity Name  
RONAK, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90279 039 \*\*\*150.00

Principal Place of Business  
RAMADA, I-75 & US 441  
16305 NW 163 LANE  
ALACHUA FL 32615  
US

Mailing Address  
RAMADA, I-75 & US 441  
16305 NW 163 LANE  
ALACHUA FL 32615-5278  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3182501**  
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

PATEL, CHARU S  
RAMADA, I-75 & US 441  
16305 NW 163 LANE  
ALACHUA FL 32615

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SC  
NAME PATEL, CHARU  
STREET ADDRESS I-75 & US 441, 16305 NW 163 LANE  
CITY-ST-ZIP ALACHUA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME PATEL, SUMANT  
STREET ADDRESS 16305 NW 163 LANE  
CITY-ST-ZIP ALACHUA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME PATEL, PRAVIN  
STREET ADDRESS 16305 NW 163 LANE  
CITY-ST-ZIP ALACHUA FL

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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: SIGNATURE REQUIRED 1-11-00 Date 904-462-325 Daytime Phone #

CR2E034 (9/99)